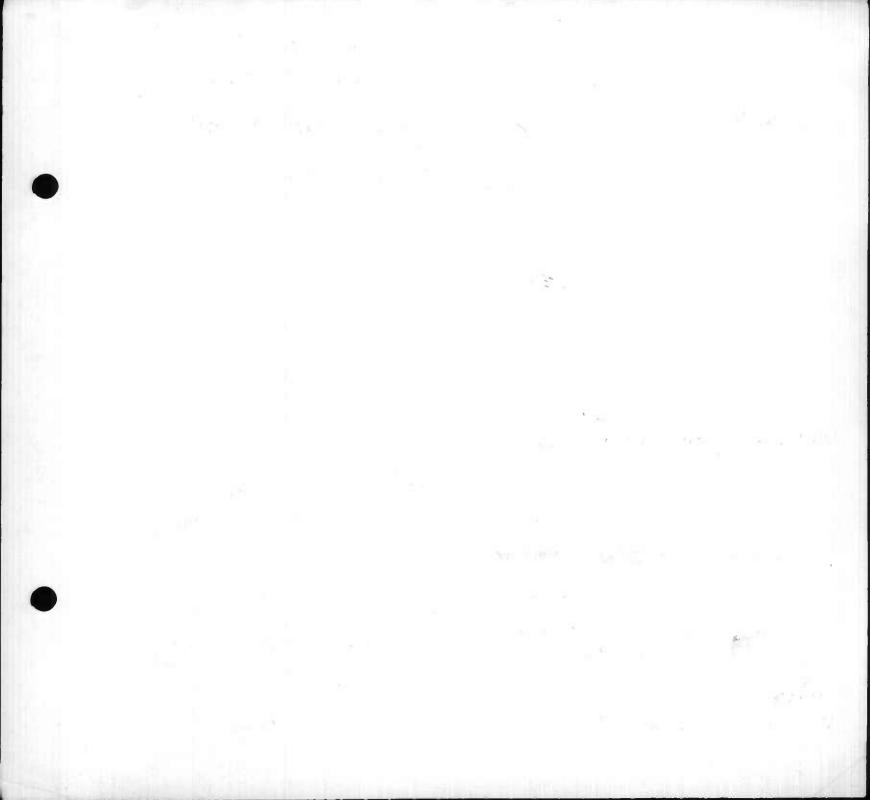
BALTIMORE CITY HEALTH DEPARTMENT

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	100	- 0	-/	1	£,

I. NAME OF DEC	CEASED			2. DATE	Knowa XX	Month	Doy	Yeor	Hour
(Type or Print)	Calvin Clay			OF DEATH	Estimated	5	4	72	luon,
FULL NAME OF HOSPITAL	(IF NOT IN HOSPIT ADDRESS OR LOCA		NOUNCED DEAD	3. DATE PRONOU	NCED DEAD	Month 5	Doy 4	Yeor 72	3:15 p.
OR INSTITUTION	Red Rooster 1801 McKean			5. USUAL RE A. STATE Md e	SIDENCE (Where	deceosed l	B. COUNTY	on: residence l	selore odmission)
male	7. RACE Negro		NEVER MARRIED	c. CITY OR Balto			D. INSIDE C		NO 🗆
Aug. 19,		n yeors If	Under 1 Yr. II Under 24 Hrs. onths, Doys, Hours, Min.		ND NUMBER Chelsea T	err.			
Prince Ge	orge Co.		CITIZEN OF	13. FATHER'S	Clay Jr.				
4A.USUAL OCCU	IPATION (Give kind of work working life, even it retired)	14B. KIND C	PF BUSINESS OR INDUSTR	1	's MAIDEN NAM				
6. WAS DECEAS Yes, no or unknown)	ED EVER IN U.S. ARMED	D FORCES? of service)	17. SOCIAL SECURITY NO.	18. INFORM	Clay Jr.	3018	Chelse	ADDRESS a Terr	02/
heort follure	tot mean the made of dy to asthenio, etc. It means the molication which coused de	e diseose,	DUE IO, OK	AS A CONSEQU	DENCE OF:				
DISEASES OF RISE TO THE UNDERLYING OTHER SIGN	NIECEDENT CAUSES OR CONDITIONS, IF ANY E ABOVE CAUSE (A) STA NG CONDITION LAST. II HIFICANT CONDITIONS C	Y, GIVING TING THE	(c)	AS A CONSEQ	UENCE OF:				
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DISEASES OF STATE OF	NIECEDENT CAUSES OR CONDITIONS, IF ANY E ABOVE CAUSE (A) STA NG CONDITION LAST. II VIFICANT CONDITIONS CO ATH BUT NOT RELATED TO CONDITION GIVEN IN P. F OPERATION 20B. COT NAL CAUSE WAS GEOR CONTRIB- LUSE OF DEATH.	ONTRIBUTION THE TERMINART 1 (A). NOTIFICATION FOR THE TERMINART 1 (A). ONTRIBUTION FOR THE TERMINART 1 (A).	CC)	AS PERFORME	D	ed Roc McKear Jury occ	oster Ba Avenue		
DISEASES OF RISE TO THE UNDERLYING TO THE DEADISEASE OR 20A. DATE OF UNDERLYING UTING CAPPROX.) 23. i cert	NIECEDENT CAUSES OR CONDITIONS, IF ANY E ABOVE CAUSE (A) STA NG CONDITION LAST. III INFICANT CONDITIONS CONDITIONS CONDITION GIVEN IN P. FOPERATION 20B. CONDITIONS CONDITION GIVEN IN P. FOPERATION 20B. CONDITIONS CONDI	ONTRIBUTION THE TERMIN, ART 1 (A). NOITION FO	CC)	In or about 22 e bidg., etc.) IN 22 WHILE CORK	C. WHERE DID (JURY OCCUR? R 1801 F. HOW DID IN I Subject and that on th	ed Roc McKear TURY OCC Was	oster Ban Avenue UR? Shot.	coct location) ar a	
DISEASES OF RISE TO THE UNDERLYING TO THE DEADISEASE OF THE DEADISE OF THE DEADISEASE OF THE DEADISE O	NIECEDENT CAUSES OR CONDITIONS, IF ANY E ABOVE CAUSE (A) STA NG CONDITION LAST. III INFICANT CONDITIONS CONDITIONS CONDITION GIVEN IN P. FOPERATION 20B. CONDITIONS CONDITION GIVEN IN P. FOPERATION 20B. CONDITIONS CONDITIONS CONDITION (A) NAL CAUSE WAS SON CONTRIB- LUSE OF DEATH. (Month) (Doy) (Yeo) 1 1 1 1 1 1 1 1 1 1 1 1 1	ONTRIBUTION THE TERMIN, ART 1 (A). NOITION FO	CC)	In or about 22 bidg., etc.) IN WHILE CORK top sy Hor	c. WHERE DID (JURY OCCUR? 1801 F. HOWDID INJ	ed Roc McKear lury occ Was is basis, Judeterni XAMINER	oster Ban Avenue UR? Shote death in my	coct location) ar a	yes
DISEASES OR RISE TO THE UNDERLYING TO THE DEADISEASE OR DISEASE OR 20A. DATE OF UNDERLYING UTING CAPPROX.) 23. i cert result	NIECEDENT CAUSES OR CONDITIONS, IF ANY E ABOVE CAUSE (A) STA NG CONDITION LAST. III IIIFICANT CONDITIONS CONDITIONS CONDITION GIVEN IN P. FOPERATION 20B. CONDITION 20B. CONDITION GIVEN IN P. FOPERATION 20B. CONTRIB- LUSE OF DEATH. (Month) (Doy) (Yeo) 14 15 16 17 17 17 18 19 19 19 19 19 19 19 19 19	ONTRIBUTION THE TERMIN, ART 1 (A). NOTIFICATION FOR THE TERMIN, ART 1 (A). NOTIFICATION FOR THE TERMIN THE T	CC)	In or about 22 e bldg., etc.) IN WHILE KORK top sy State ASSIS	C. WHERE DID (JURY OCCUR? R 1801) F. HOW DID IN Subject ond that on the nicide was the subject that the subj	ed Roc McKear IURY OCC Was Is basis, Judeterni XAMINER	death in my	coct location) ar a	yes
DISEASES OF RISE TO THE UNDERLYING TO THE DEADISEASE OF DISEASE OF UNDERLYING UTING CAPPROX.) 22A. EXTERI UNDERLYING UTING CAPPROX.) 23. i cert result SIGNATU EXAMINI	NIECEDENT CAUSES OR CONDITIONS, IF ANY E ABOVE CAUSE (A) STA NG CONDITION LAST. III IIIFICANT CONDITIONS CONTROL OF CONDITION GIVEN IN P. F OPERATION 20B. CONTRIB- LUSE OF DEATH. (Month) (Doy) (Yeo) III III III III III III III	ONTRIBUTION FOR STATE OF THE TERMINART 1 (A). NOTION FOR STATE OF THE TERMINART 1 (A). 10 (Hour) 3:05p. 11 (Hour) 3:05p. 1221 1221 13:05p. 14 15 16 17 17 18 18 18 18 18 18 18 18	CC)	AS PERFORME In or about 22 bidg., etc.) IN WHILE X YORK Hop sy X ASSIS: ASSOC	C. WHERE DID (JURY OCCUR? R 1801 F. HOW DID INJ Subject ond that on the condition of t	ed Roc McKear IURY OCC Was Is basis, Judeterni XAMINER	death in my	coct location) ar a	DATE SIGNED 5/5/72

THE REPORT OF THE REAL PROPERTY. 2011 2 -1 -1 2024 Agency A) To

10	1)-325 P400 7		HEALTH DEPARTMENT		72 04502
	U-325 72 04502	CERTIFICA	TE OF DEATH	REG. NO	THE OTHER
	NAME OF DECEASED			AND HOUR OF DEATH	
	Watson, Allie (P	eele) Blanni		12/1972	11:50 AM
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOL	INCED DEAD	4. USUAL RESIDENCE (W	here deceased lived. If it	nstitution: residence before admission)
H	JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	JTION, GIVE STREET	Maryland c.CITY OR TOWN		IDE CITY LIMITS?
1					YES NO
	Good Samaritan Hospital		E. STREET AND NUMBER 1534 N. Bo	212131 and Street	TES NO [
5.	SEX 6. RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	II Under 1 Yr. If Under 24 Hrs.
104	F B WIDOWED	DIVORCED	02-24-03	lost bigthday)	Months Doys Hours Min.
do	ne during most of working life, even it retired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or fo	reign country)	12. CITIZEN OF WHAT COUNTRY
			WINTON)	N/CO.	U.S.A.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	, , , ,
1	George Anderson		Chirana	Jefferson	
15.	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dotes of service)	1 6. SOCIAL	17. INFORMANT		ADDRESS
	yes, give wor or dotes of service)	SECURITY NO. 240-54-0848	3		- Dragg
-	18.	CAUSE OF DEATH			APPROXIMATE INTERVAL
1	DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A)IMMEDIATE CAU	. Astrocyt	oma arac	le IV oct 1971
	(This does not mean the mode of dying, e.g., hearf failure, asthenia, etc. It means the disease,		SE A STROCYT		00011111
	injury or complication which caused death.		KI	pariet	al
	ANTECEDENT CAUSES				
	DISEASES OR CONDITIONS, il any, giving	DUE TO, OR AS	A CONSEQUENCE OF:		********************************
Н	rise to the obove cause (A) sloting the UNDERLYING CONDITION lost.				
1	ONDERENING CONDITION 10SE	(c)			
NOL	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL				
O.A.	DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994-DATE OF OPERATION 1998. CONDITION FOR W	111011 0000 0000			
ERTIFICATION	WAS PERFORMED	HICH OPERATION	20A. AUTOPSY? (Yes or N	IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?
MEDICAL C	21A. ACCIDENT WAS UNDERLYING 21B. OR CONTRIBUTING CAUSE OF home etc.)	PLACE OF INJURY (e.g., fn, form, foctory, street, off	or about 21 C. WHERE DID ce bldg., INJURY OCCUR?	(If In Baltimore	City, give exact location)
ED	21 D. TIME (Month) (Doy) (Year) (Hour) 21 E.	NJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
2	(APPROX.I While Work				
	22. I certify that (I) (this haspital) attended the		110 /		
	that (1) (we) last saw the deceased alive an	The Tax		1972 to 5/2	
		1	19and tl	hat in (my) (our) apir	nian death accurred on the date
	and hour and from the causes stated above. (1)	(We) (did) (did not) vi	ew the bady after death.		
	23A. SIGNATURE 1. D. Drer M. T				23B, DATE SIGNED
		DEGREE Phys.	ding Med. Director	Staff Phys.	5/2/1972
	23C-PHYSICIAN'S NAME (Type)		D. ADDRESS		
24.6	I.A. ORER M.D.	DEGREE	GOOD SAMARIT	'AN HOSPITA	L
ZAM	REMDVAL (Specify) 248, DATE 24C. NA	ME of CEMETERY of CREA	AATDRY 24D. L	LOCATION (Cit	y, lown, or county) (State)
	Burial 5/7/72 Coler	rain Church Ce	metery	ton North C	nual in a
25A	DATE REC'D BY MEALTH DET. A 258 NAME OF	REGISTRAR	25C. FUNERAL DIRECTO	ton, North C	ADDRESS
	MAY 11 DIE	2000	Mary E. Law	802 Madison	
VS.	150-REV. 1/1/68		3497		

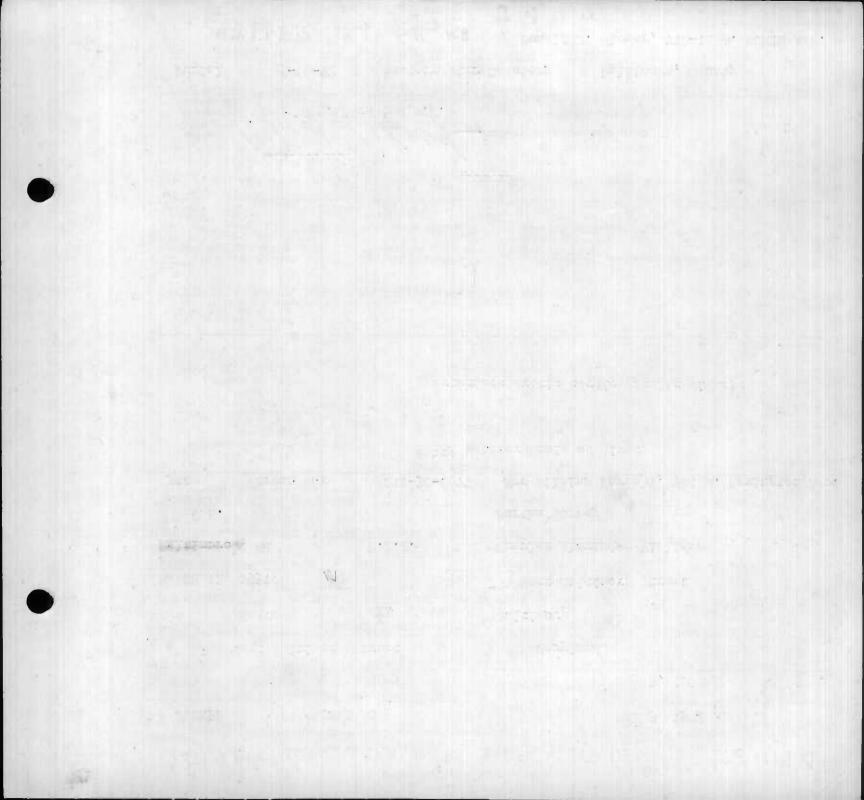


				BALTIMORE CITY HE	ALTH DEPARTMENT
72 04	1503	MED	ICAL	EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 72 04503
BIRTH NO.					REO. NO.
1. NAME OF DE	CEASED				2. DATE Known Month Doy Year Hour
(Type or Print)	MARY	BURRE	LL		OF DEATH Estimated
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD				ONOUNCED DEAD	3. DATE Month Day Year Hour
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NO		L OR INST	TITUTION, GIVE STREET	PRONOUNCED DEAD May 9,1972 8:45 P.
- A	101 A11	endale	Road		A. STATE Maryland B. COUNTY
6. SEX	7. RACE		B. MARR	ED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Female	Ne	gro	WIDOW		Baltimore YES NO NO
9. DATE OF BIR		10. AGE (In		If Under 1 Yr. If Under 24 Hrs.	H-
7. DAIL OF DIK		last birthday		Manths Doys Hours Min.	
		/	11		
11. BIRTHPLACE	(State or forei	gn country)	, ,	12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
100				WIIAI COUNTRI:	unpround
14A.USUAL OCC	UPATION (Gi	ve kind of work	48. KIND	OF BUSINESS OR INDUSTRY	Y 15. MOTHER'S MAIDEN NAME
done during most of	warking life, ev	ven if retired)			an manuel
16. WAS DECEA	CED EVED IN	II C ADMED	FORCE	S? 17. SOCIAL	18. INFORMANT ADDRESS A
(Yes, no or unknow	n) (If yes, give	wor ar dates	of service	SECURITY NO.	(Kiew Parles 1) (1)
					ATH PROXIMATE INTERVAL
19.4	2.44			CAUSE OF DEA	BETWEEN ONSET AND DEA
DISEA	SE OR CONE	DITION DIREC	TIV	Arteri	osclerotic cardiovascular disease
DISEA	LEADING TO				
(This does	not meon the	mode of dy	ing, e.g.,	(A)IMMEDIATE O	AS A CONSEQUENCE OF:
heort foilur	re, osthenia, et amplication whi	c. It meons the ich caused dea	diseose,		
1	ANTECEDENT	CAUSES		(B)	
DISEASES	OR CONDIT	ONS, IF ANY	, GIVING	DUE TO, OR	AS A CONSEQUENCE OF:
I IINDERLY	ING CONDIT	TION LAST.	IING INE		
2				(C)	
Ĕ		11	0.1701011	71110	
	NIFICANT CO				
DISEASE C	RCONDITION	GIVEN IN PA	ART 1 (A)	. A 100 00 00 00 00 00 00 00 00 00 00 00 00	
20A. DATE C	OF OPERATIO	N 20B. CON	NOITION	FOR WHICH OPERATION W	
0					no
₹ 22A. EXTE	RNAL CAUSE	WAS		22B. PLACE OF INJURY(e.g.,	, in ar obout 22C. WHERE DID (If in Baltimare City, give exact location)
O IINDEDIVIN	G OR CON			home, form, factory, street, affic	ce bldg., etc.) INJURY OCCUR?
	AUSE OF DE				
OF INJURY	(Month) (Doy) (Yeor	·) (Hou		22F. HOW DID INJURY OCCUR?
(APPROX.)					T WHILE WORK
23.					
I ce	rtify that I !	neld on I	nquiry [Inspection X Au	utopsy ond that on this basis, death In my opinion
	ار:Ited fram	de Dool oou	🔽	Accident Suicie	de Homicide Undetermined manner
resu	irea tram.	Adiqual Cou	565 1	Accident	
ACTUA	. 1	/ /	(11	1/1/	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNA		wy	VI	MIL	ASSISTANT MEDICAL EXAMINER
EXAMI		nald N.	Kor	nblum, M.D.	ASSOCIATE MEDICAL EXAMINER 5/10/72
NAME		IIG I G		110 1011,110	
24A. BURIAL CR		24B. DATE	-	240 NAME OF CEMETERY	or CREMATORY 24D. LOCATION (City, Jown, or county) (Sto(e)
REMOVAL (Spe		111	4,7	1 421/1	11 Kill mile
15	une	0,	1/1	4 11 Uh Cl	avery Kallyune
25A. DATE REC'	D BY HEALTH	DEDT	1		ADDRESS
	DUTTERETT	DEP I.	25B. N	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
AA.	AV 1 1 1				alitical on comme
M	AY 111			E. Jaber, M.D.	alibral on comme

N 452 72 04504

MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH REG NO	72	04504

BIRTH NO.	
1. NAME OF DECEASED (JOE)WILLIAMS	2. DATE Known Month 3 1972 Year Hour MAY 3 1972
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAL	D 3. DATE Month Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREE ADDRESS OR LOCATION) OR INSTITUTION	, , , , , , , , , , , , , , , , , , ,
744 West Baltimore Street	S. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE Maryland B. COUNTY
6. SEX 7. RACE B. MARRIED NEVER MAI	PRIED C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male Negro	RCED Baltimore YES NO D
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Und Institute Months Doys Hou	er 24 Hrs. E. STREET AND NUMBER
MARCH 12, 1931	744 West Baltimore Street
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
Baltimore, Md U.S.A. U.S.A.	
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR	INDUSTRY 15. MOTHER'S MAIDEN NAME
done during most of working life, even ifretired)	Bertha Dorsey
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	IB. INFORMANT ADDRESS
(Yes, no or unknown) (II yes, give wor or doles of service) SECURITY 212–30– 212–30–	6677 Mrs Lillian Ferrell, 904 W. Lexington Stre
	E OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	ty Metamorphosis of liver
LEADING TO DEATH	
(This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease,	MEDIATE CAUSE JE TO, OR AS A CONSEQUENCE OF:
injury or complication which coused death.)	
ANTECEDENT CAUSES (B) A	Arteriosclerotic cardiovascular disease
DISEASES OR CONDITIONS, IF ANY, GIVING	IE TO, OR AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
Z (C)	
11	
CC)	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERA	ATION WAS PERFORMED 21. AUTOPSY? (Yes or No)
02/	yes
	JURY (e.g., in or about 22C. WHERE DID (if in Baltimore City, give exact location) street, office bldg., etc.) INJURY OCCUR?
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OC	CCURRED 22F. HOW DID INJURY OCCUR?
OF INJURY	NOT WHILE
(APPROX.) m. WORK	AT WORK
23.	
1 certify that I held on Inquiry Inspection	Autopsy X and that on this basis, death in my opinion
resulted from: Notural couses X Accident	Sujcide HomicIde Undetermined monner
KITO, I	CHIEF MEDICAL EXAMINER
ACTUAL SIGNATURE / WISH	ASSISTANT MEDICAL EXAMINER X 5 1/1/72
SIGNATURE	m.b
EXAMINER Ronald N. Kornblum, M.D.	ASSOCIATE MEDICAL EXAMINER
	EMETERY or CREMATORY 24D. LOCATION (City, town, or county) (State)
REMOVAL (Specify)	Star Cemetery Baltimore, County
25 A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRA	
MAY 11 1972 Robert & Faller	D 33 D 03 040 41 D WODEN AND
Will TT 1918	



Deceased

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	BIRTH NO. 72 04505 CERTIFICA	TE OF DEATH REG. No. 72 04505
	Type or Printle RILEY, SALLIE	MAE 2. PATE AND HOUR OF DEATH 39 1
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where beceased lived, Il institution: residence before admission
11	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	S.C. PLESULLE C. CITY OR TOWN D. INSIDE CITY LIMITS?
H.	2 5 141 0 11 11 11 11	PIKESVILLE YES NOT
	SINAI HOSPITAL	E. STREET AND NUMBER P.O. BOX SS
	SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years II Under 1 Yr. II Under 24 Hrs.
1	OA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY one during most of working life, even if retired)	11. BIRTHPLACE (Stote of foreign coontry) 12. CITIZEN OF WHAT COUNTRY
IL	A.W.	South Caroling USA
	Luchias Bembon	M. MOTHER MAIDEN NAME
130	S. Was Deceased Ever in U. S. Armed Forces? es,no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	17/INFORMANT ADDRESS /V
	No	Turman Kiley 2460 albion al
	DISEASE OF CONDITION DIRECTLY INTERAC	-EREBEAL GEMAFOMA RETWEEN ONSET AND DEATH
	This does not make the made of the (A) IMMEDIATE CAU	A CONSEQUENCE OF:
	ANTECEDENT CAUSES	
	TINDER VING CONDITION 1	A CONSEQUENCE OF:
	(C)	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************
CEPTIEIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
IAC	OR CONTRIBUTING CAUSE OF home, form, foctory, street, offi	or obout 21C. WHERE DID (If in Bollimore City, give exect location)
FDI	21D-TIME (Month) (Dayl (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?

Σ While At Work (APPROX.) Not While At Work 22. I certify that (1) (this hospital) attended the deceased from that (I) (we) lost saw the deceased allve on and that In(my) (our) apinion death accurred an the date and haur and from the causes stated above. (1) (We) (dld) (dld nat) view the bady after death. 23A. SIGNATURE 23 B. DATE SIGNED Attending Phys. Med. Director 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS 1900 DEGREE 24A. BURIAL CREMATION. CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote)

DEPT. AL DIRECTOR VS 150-REV. 1/1/68

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VS 150-REV. 1/1/68

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BIRTH NO.

61-01-55

and

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH DATE AND HOUR OF DEATH USUAL RESIDENCE (Where deceased lived. Il institution: residence A. STATE before odmission) COUNTY imore CITY OR TOWN D. INSIDE CITY LIMITS? NO X YES E. STREET AND NUMBER 21222 AGE (In If Under 24 His. NEVER MARRIED If Under 1 Tr. ost birthday Months Days Hours DIVORCED 0 12. CITIZEN OF WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME 6. SOCIAL 17. INFORMAN Eastern Ave. 21224 SECURITY NO. na CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH monar DUE TO, OR AS A CONSEQUENCE OF

I NAME OF DECEASED (Type or Print) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION HE NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATIONI Eastern Avenue, Baltimore, Md. 21224 mad 5. SEX 6. RACE WIDOWED isposition is 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or loreign country) done during most of working life, even if retired) 13. FATHER'S NAME 0 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) UI yes, give war or dates of service) final Or 18. DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES Gre DISEASES OR CONDITIONS, if any, giving CONSEQUENCE OF: DUE TO, OR AS A rise to the above cause (A) stating the UNDERLYING CONDITION last, the remains 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20A. AUTOPSYT (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before YES 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21R. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (if in Boltimere City, give exect location) home, form, loctory, street, office bldg, INJURY OCCUR? MEDICAL DEATH (notify medical examined obtained OF INJURY (Month) (Day) (Year) (Hour 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While While At (APPROX) Work 22. I certify that (1) (this hospital) attended the deceased from ADC! HPRIL 19 +2 that((1) (we) lost saw the deceased alive on 9 05 and hour and from the couses stated above. (1) (We) (did) (did not) view the bady after death. must 23A. SIGNATURE 23B, DATE SIGNED Attending [Med. approval Phys. Director DEGREE 23C. PHTSICIAN'S NAME (Typel

and that in(my) (aur) opinion deoth occurred on the date 23D. ADDRESS 士 BROADWAY 0 10 ar 0 4940 Eastern Ave. Baltimore, Md. 21224 DEGREE 24A. BURIAL CREMATION 24C. NAME of CEMETERT OF CREMATORY 24D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) CREMA-710N 5-1-1972 21224 2 BELL CONTRACT
258, NAME OF REGISTRAR Baltimore City Hospitals Baltimore 25A. DATE REC'D BT HEALTH DEPT. ADDRESS

CKEDIN THAN - 1-17 Syn - Branday + Joi Chart

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the

deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

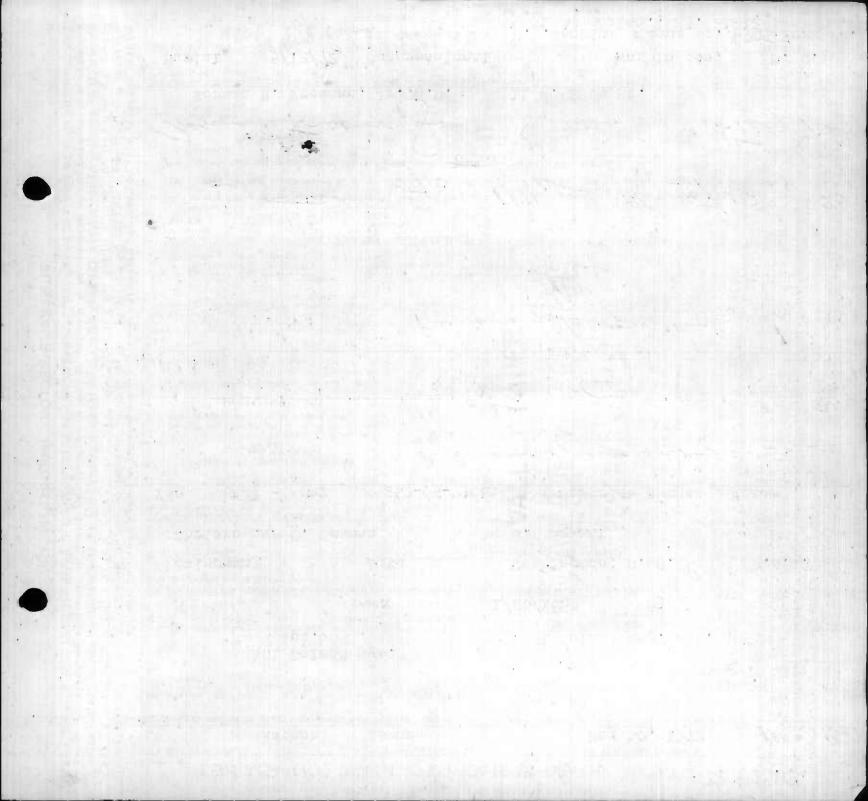
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VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT CENTIFICATE OF DEATH

		17/17	0	2 1- 1-	, prints
REG.	NO	10	111	101	17
		-	100		

BIRTH NO.	TE OF DEATH
(Type or Print) Raphael Semmes	2, DATE AND HOUR OF DEATH May 10 1072 /// > 0
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	May 10, 1972 /// 30 F. A. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission
	A. STATE B. COUNTY Magnetiand
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland c. CITY OR TOWN D. INSIDE CITY LIMITS?
NSTITUTION	Baltimore YEST NO
00 4401 Roland Ave.	E. STREET AND NUMBER
Apt.405	4401 Roland Ave. Apt. 405
	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs
M WIDOWED X DIVORCED	1/20/1889 lost birthdoy Months Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY	
done during most of working life, even if retired) Salesman Auto	Washington D C II S A
Salesman Auto	Washington D. C. U.S.A. 14. MOTHER'S MAIDEN NAME
Christopher C. Semmes	S. Bryant
5. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	Mina Cambana in Cambana
Yes WWI - Army 262-05-7306	
16001	BETWEEN ONSET AND DEA
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	energhemonhace. 50
(This does not mean the mode of dying, e.g., DUE TO, OR AS A	SE A CONSEQUENCE OF:
heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	1 0
ANTECEDENT CAUSES CA. OF	then 9me.
DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS	A CONSEQUENCE OF:
rise to the abave cause (A) stating the	
UNDERLYING CONDITION lost, (C)	***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	17 year 1 1 cm
O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL ODISEASE OR CONDITION GIVEN IN PART 1 (a),	- febroses templage
U 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPRY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFIING CAUSES OF DEATH?
WAS PERFORMED	110 IN CERTIFIEND CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	n or about 21C. WILERE DID (If In Baltimore City, give exact location)
DEATH (notify medical examiner)	
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) While A1 Not While Not While A1 Work	· 🗖
22. I certify that (1) (This haspital) attended the deceased from	1/1/ 195/ to 5/10 197
	11:3
that (1) (we) last sow the deceased alive on	ond that In(my) (one opinion death occurred on the de
ond hour and from the couses stated above. (I) (We) (did) (did see) VI	tew the body ofter deoth. 238. DATE SIGNED
	nding Med. Shoff
home telman DEGREE Phys.	. Director Phys 3//
NAME (Type)	23D/ADDRESS
Norman R. Freeman, Jr., M.D. DEGREE	11 W. 29th St.
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREE	MATORY 24D. LOCATION (City, lown, or county) (Stote)
Burial 5/12/72 Congressional	Washington, D. C.
MAY 11 B72 Value C. Saller M	25C. FUNERAL DIRECTOR ADDRESS
WHI II DIE NOBER C. JOSEP 18	H.W. Jenkins & Sons Co. 4905 York Ro
/S 150-REV. 1/1/68	il 5 () institute, title cicic



VS 150-REV. 1/1/68

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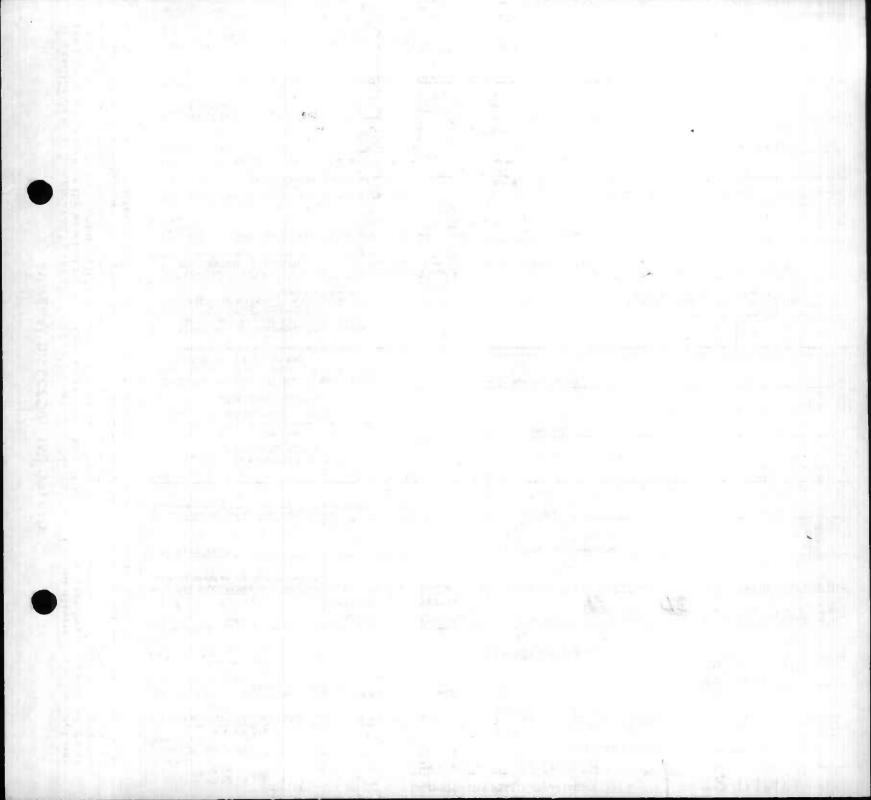
72 04508 BALTIMORE CIT	TY HEALTH DEPARTMENT 72 04508
	ATE OF DEATH REG. NO
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
(Type or Pant) MILLER (NILLIAM	5 18/1972 pt 9-60P.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE IWhere deceased lived. If institution: rasidence before admission) A. STATE 8. COUNTY
FULL NAME OF HOSMIAL OR INSTITUTION, GIVE STREET	MD 1538
HOSPITAL OR ADDRESS OR LOCATION	C. CITY OR TOWN D. INSIDE CITY LIMITS?
46	BAUTINORIA YES NO
LUYHERAN HOSPITAL	3221 W. CARRISON BLUD
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	
MALLE NEGRA WIDOWED DIVORCED F	8. DATE OF BIRTH 9. AGE (In years II Under 1 Vr. II Under 24 Hrs. Months: Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
BAKERS ASSIST HARTHAN'S BAKEN	MO. U.5
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Walter William Willer	Louise Miller
15. Wes Deceased Ever in U. S. Armed Ferces? (Yes, no or unknown) aff yes, give wor or doles of service) SECURITY NO.	17. NFORMANT ADDRESS
Ves 7-JAN-46-8-Aug 46219-18-7411	Deborah Martin - 2005 Jubileo Ct
18. 43/91 CAUSE OF DEAT	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	CEREROL Hamasonara 211
(This daes not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, DUE TO, OR AS	A CONSEQUENCE OF:
injury or complication which caused death.)	
ANTECEDENT CAUSES	
	A CONSEQUENCE OF:
UNDERLYING CONDITION last. (C)	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
19A-DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSYZ (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	G C
OR CONTRIBUTING CAUSE OF	in or about 27C. WHERE DID (II In Ballimore City, give exact location)
To pearly medical examined	
21D.TIME (Month) (Doy) (Yearl (Hour) 21E INJURY OCCURRED OF INJURY (APPROX.) While At No! While	21F. HOW DID INJURY OCCUR?
Work L At Work	
22. I certify that (I) (this hospital) ottended the deceased from	5/7 19 72 ta 5 8 19 72
that (i) (we) last saw the deceased alive an S/S/S	2ond that in(my) (aur) opinian death accurred an the date
ond hour and from the couses stated above. (i) (We) (did not) v	
	Inding Med, Staff Phys. 238 DATE SIGNED
23C. PHYSICIAM'S	Inding Med, Shoff
NAME (Type) J. H. SAMPAT. M.O.	LYTHERANATIOSPITAL OF MARYLAM
24A. SURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRI	
Durial 5-13-72 Net Hober	Du 16 MA
25A. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR	25C/FONERAL/DIRECTOR ADDRESS
MAY 11 1972 (16h. 8 2. Jake, 120)	1 Goeston 3 /yett F. H-1701-KAUVence

Capter Allena Miller former Aller

4509	BALTIMORE CITY HEALTH
14 300	CERTIFICATE

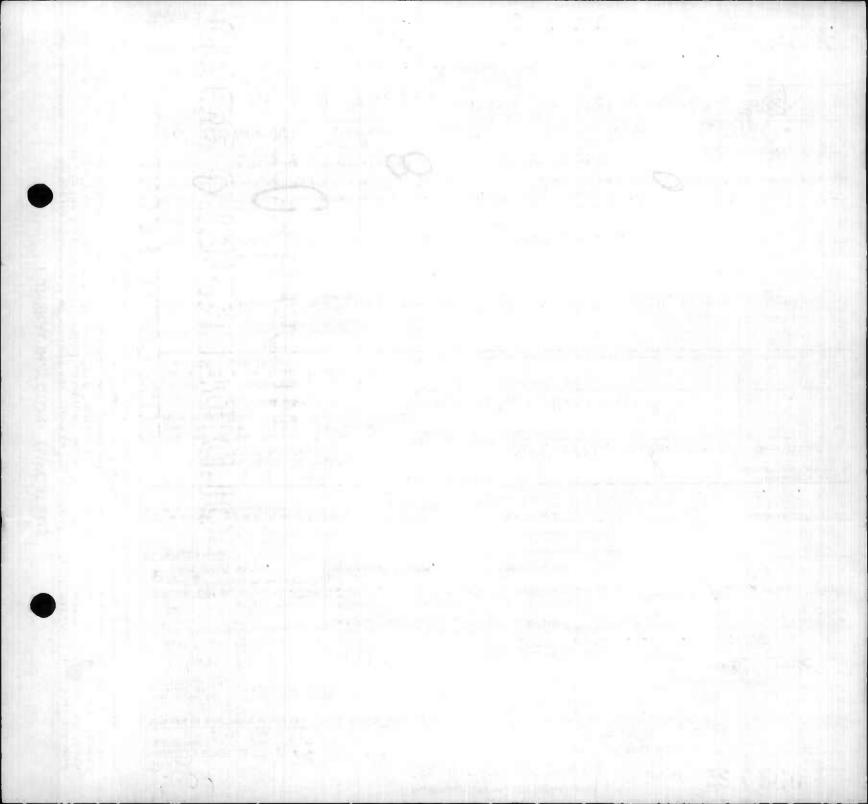
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EG. NO.	16	OA	JU.
EU. ITU.			

72 04509	BALTIMORE CITY	Y HEALTH DEPARTMENT	72 04509
BIRTH NO.	CERTIFICA	TE OF DEATH REG. NO	
T. NAME OF DECEASED (Type or Print) CRAM PTON.	ROBERTA	2. DATE AND HOUR OF DEATH $5-10-72$	12 55Am
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If	institution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN	ISTITUTION, GIVE STREET	Md Baltim	ne 1511
HOSPITAL OR ADDRESS OR LOCATION)	100	C. CITY OR TOWN Baltimas D. IN	YES PT NO
PROVIDENT HOS	PITAL	E. STREET AND NUMBER	YES NO U
7.13		1 3423 Wasach Que	()
SEX F GRACE WIDON	MED NEVER MARRIED DIVORCED	9-10-96 lost birthday 75	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
DA. USUAL OCCUPATION (Give kind of work 10B. KIN) one during most of working life, even if refired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of loveign country)	12 CITIZEN OF WHAT COUNTRY
Do	mestic	Maryland	USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Henry Holsey		HAVVIET DOWIE	ADDRESS
5. Wes Deceased Ever fin U. S. Armed Forces? Yes, no or unknown) Uf yes, give way or dates of sarv	16. SOCIAL SECURITY NO. 2/5-32-0007	A Melvin C. WAShington	-3423-WALASH A
16. 4/2.21	CAUSE OF DEAT		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	C.V	A Rt. Flaceid &	remportalysis.
(This does not mean the mode of dying,	(A) IMMEDIATE CAN	A CONSEQUENCE OF:	
heart failure, asthenia, etc. It means the disc injury or complication which caused death.)	iase,	t de des	Par di
ANTECEDENT CAUSES	Typ	elensial carrieras	cura asease
DISEASES OR CONDITIONS, if any, gi	ving DUE TO, OR AS	S A CONSEQUENCE OF:	
rise to the above cause (A) staling UNDERLYING CONDITION last.	(c)		
_ 11	0110	110	11
OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERMI	NG CVA	Lt. hemparesis (ora
DISEASE OR CONDITION GIVEN IN PART 1 (A).		20A. AUTOPST? (Yes or No.) 20B. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERMI OLISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION I WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 1		IN CERTIFYING C	AUSES OF DEATH?
U 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined	21B. PLACE OF INJURY (e.g., home, form, factory, street, etc.)	in or about 21 C. WHERE DID if in Boltomo	ore City, give exact location)
21D. TIME (Month) (Doy) (Year) (House	215 INJURY OCCURRED	215 HOW DID INJURY OCCUR	
(APPROX.)	While At Work At Work		
22. I certify that (1) (this hospital) attend		April 24 19 7210	lay 10 19 /2
that (1) (we) just saw the deceased alive	on May 10	19 72 and that In (my) (our) op	Injon death occurred an the dat
and hour and from the causes stated above	re. (1) (We) (did not)	. (/	
23A. SIGNATURE			23B, DATE SIGNED
V- Chihage	DEGREE Phy	rending Med. S. Director P. P.	May 10, 72
23C. PHYSICIAN'S NAME (Type) V. Chitra	olee	Proceedent Hos	pilet
REMOVAL Specify	IC. NAME OF CEMETERY OF CR		City, town, or county! (Stole
DUVIAT 5-13-121	FriendshipM	eth Ch. Cem DAMACUS	Maryland
25A. DATE REC'D WASALTH SEP. B 25E NA	OF OF ALCO TRAR	250 FUNERAL DIRECTOR	ADDRESS ST
MAI II ME	700	Martin Vell I.	t-1701-LAUVENS
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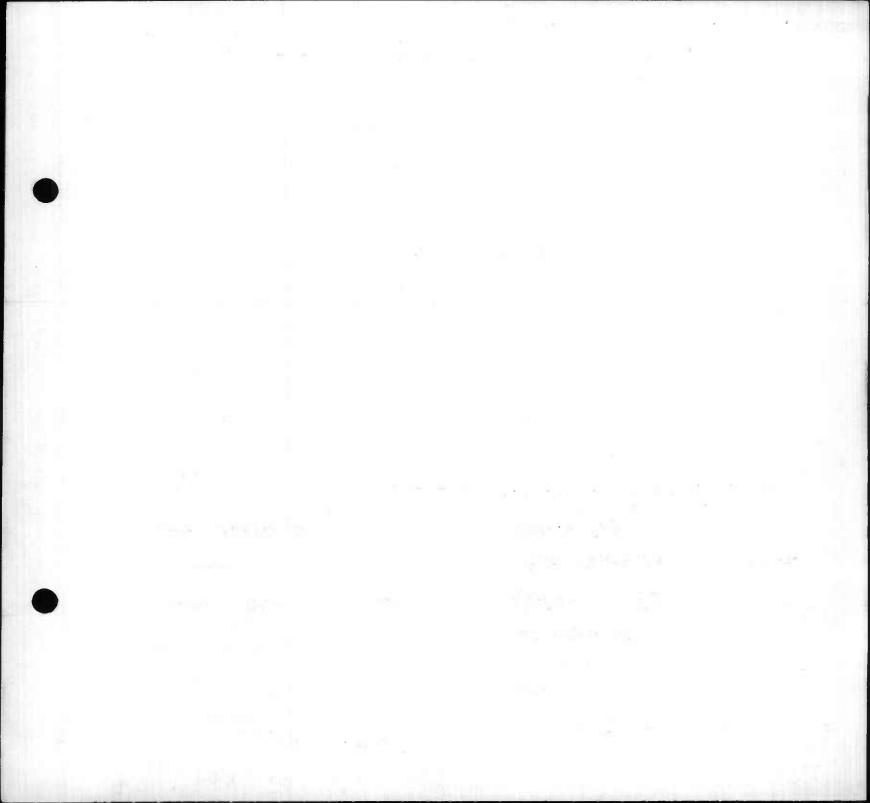


was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

	0 = 3	BALTIMORE CITY	HEALTH DEPARTMENT	X	100 0 3 E 1 O		
	BIRTH NO. 50 04510	CERTIFICA	TE OF DEATH	REG. NO	72 04510		
	I. NAME OF DECEASED			D HOUR OF DEATH			
	(Type or Print) Ni Idped C. C. hanges	/	5/2	1/12	2. 2. 1		
	3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCE	ED DEAD	4. USUAL RESIDENCE /Who	deceased lived. Il i	nstitution: residence before admission		
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	N, GIVE STREET	Maryland C. CITY OR TOWN	BALT	0 5300		
7			BAltu. Md	D. INS	VED RIO D		
	Johns Hopkin Hospital	,	E. STREET AND NUMBER		NO D		
	601 N BRODWAY		2022 Royal	Ct. Dr.	21207		
	5. SEX 6. RACE 7. MARRIED X	VEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthdoy)	If Under 1 Yr. , Il Under 24 Hrs.		
	F White WIDOWED	DIVORCED	8/6/10	lest birthdoys	Manths Doys Hours Min.		
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUS	INESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign caunity)	12. CITIZEN OF WHAT COUNTRY?		
	telephone opp. Hopkins t	Hosp.	Maryland		USA		
	13. FATHER'S NAME	· cope	14. MOTHER'S MAIDEN NA	ME	0.371		
	Elmer Brashears		Della Clar	k			
	15. Wes Decessed Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give war or dates of service)	SOCIAL	17. INFORMANT		ADDRESS		
	no	5 07 6284	Benjamin H (ha	men 2022 R	anal C+ An		
1	118, 0 4 52 4	CAUSE OF DEATH		1009 21/22 11	APPROXIMATE INTERVAL		
	DISEASE OR CONDITION DIRECTLY			1	BETWEEN ONSET AND DEATH		
	LEADING TO DEATH	A. MANASDIATE CAIR	« Cardiores	in itan a	rrest 45 mi		
H	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. it means the disease,	DUE TO, OR AS A	SE Cardiores				
Ш	injury or complication which caused death.)						
	ANTECEDENT CAUSES	Tubera	Mosis, Vascul	Tu:	TO SECURITY OF		
	DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	***************************************			
1	rise to the above cause (A) stating the UNDERLYING CONDITION last.	(c)					
Ш	11	(0/					
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
	DISEASE OR CONDITION GIVEN IN PART 1 (A).	H OPERATION	20A. AUTOPSY? (Yes at No.) 20B. IF YES, WERE FINDINGS CONSIDERED				
	WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 1 1218 PLAN		Yes	IN CERTIFYING CA	USES OF DEATHNO		
1	OR CONTRIBUTING CAUSE OF home la	CE OF INJURY (e.g., in	ar obout 21 C. WHERE DID	(If In Baltimar	re City, give exoct location)		
11	DEATH (notify medical examiner)		No stage in a series of contract to the series of the seri				
1	- INE IN ILLOY	URY OCCURRED	21F. HOW DID INJ	URY OCCUR?			
1	(APPROX) White At	Ngt While					
	22. I certify that (1) (this hospital) attended the de		1an 20 1	9 72 to Ju	ine 7 1972		
	that (i) (we) last saw the deceased alive on I			- Common	***************************************		
		56	and the	of in (my) (our) api	nian death occurred an the date		
	and haur and from the causes stated above. (1) (We	(did) (did not) vi	ew the bady after death.				
	W. Michael Tuck		ding Med.	Stoff Phys.	S/7/7Z		
	23C. PHYSICIAN'S	DEGREE Phys.	3D. ADDRESS	Phys.	011110		
	NAME (Type)	La- ma		has Hopk	ins Hosp.		
	24A. BURIAL CREMATION, 24R. DATE 24C. NAME	DEGREE OF COME					
	REMOVAL (Specify)	iew Menori	101	116	ity, town, or caunty) State		
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF RE		25C. FUNERAL DIRECTOR	rroll (o. 1	ADDRESS		
	8 14 welling 3 2 2 2 Com	60 0		bury 6411	Windsor Mill Rd.		
11	MAN REL TITLE	6-12-1	19 3 5 0 5	J.			
			Automatical control of the control o				



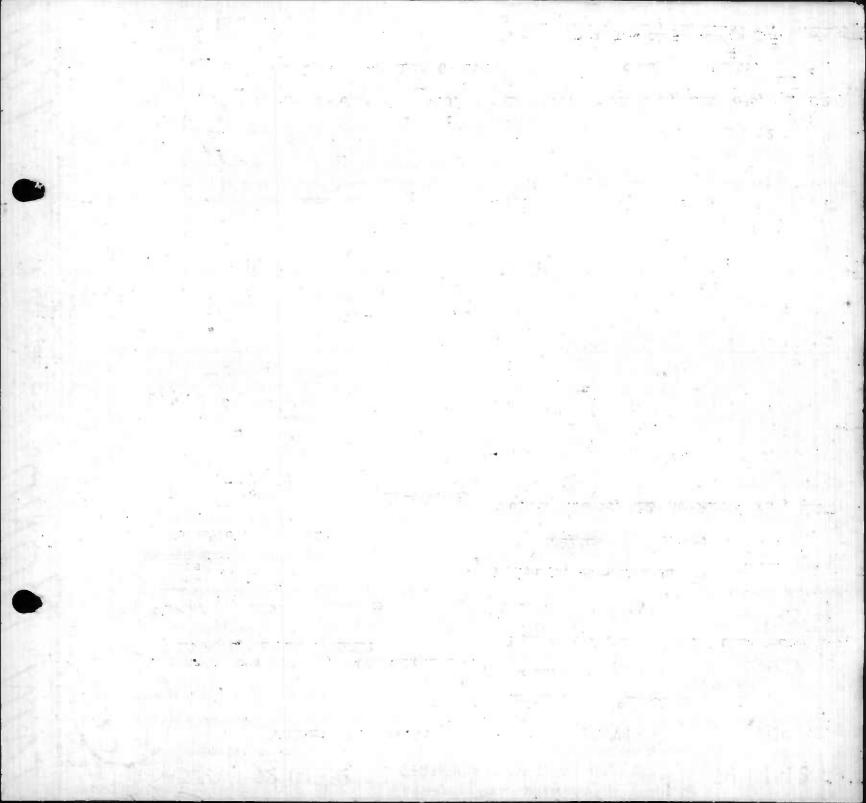
1	B-400	72 04	511		HEALTH DEPARTMENT	REG. NO	72 04511	1
l and death eased n the Such	I. NAME OF DECI	ASED Hattie	J. Bell			ND, HOUR OF DEATH		
on on one	(Type or Print)	HATTIE J	. BELL		5/	4/72	9105	D
T o D o T	3. PLACE IN BALT	IMORE MARYLAND, V	HERE PRONOUNC	ED DEAD	4. USUAL RESIDENCE (Wh	ele deceosed lived. If in	9 0.5 stitution; residence before odm	nission)
a hosp cause se; (5) andanc to dec	FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOC	AL OR INSTITUTIO	N, GIVE STREET	C. CITY OR TOWN	D. INS	IDE CITY LIMITS?	5
ing cause; attend	UNIVERS	TY of MA	RYLANd	HOSPITAL	BALTIMORE E. STREET AND NUMBER		YES NO NO	
U		*			1020 BoyD	St. BAL	70.	
occurre ontribut ermined regular eased p	Female	Maite	WIDOWED	DIVORCED	2/14/20	9. AGE (In years lost birthday)	Il Under 1 Yr. Il Under 2 Months Doys Hours	24 Hrs. Min.
ath o deter in re lecec	done during most of w	orking life, even if retired)	108 KIND OF BUS	SINESS OR INDUSTRY	11. BIRTHPLACE (Stale at lor	reign country)	12. CITIZEN OF WHAT CO	UNTRY?
e o E s	House					ROLINA	U.S. A.	
th (4)	JACK J	SHEPPARD			14. MOTHER'S MAIDEN NA MOLLIE FA			
istant the di kind; death ce on inal di	5. Was Deceased (Yes, no or unknown)	Ever in U. S. Armed For (II yes, give wor or dote	ces? 16.	SOCIAL SECURITY NO.	17. INFORMANT Daugh	ter: 1006	Jack Prace	
発生さるで置	No				Mrs. Elaine J.		Md. 21225	
E + 200.	18. 162	, / 1		CAUSE OF DEATH	1	202,00	APPROXIMATE INTE	
E 0 + E 0 D		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH						
ASSE	1This does not mean the made of dying, e.g., (A) IMMEDIATE CAUSE Droubs shire Co (12 king) 3 worth							
er. ctur pror	injury at camp	stheria, etc. It means lication which caused	the disease, death.)	E Bronel	is soffice of:	itulo		
fra o B o B o B o B o B o B o B o B o B o	A	NTECEDENT CAUSES						
A P P P P P P P P P P P P P P P P P P P	DISEASES OF	CONDITIONS, II	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	*****	***************************************	
(3)	UNDERLYING	above cause (A) CONDITION last.	slating the	(c)				
15 C C C C C C C C C C C C C C C C C C C							***************************************	
The de la	E TO THE DEATH	BUT NOT RELATED TO THE HOLITION GIVEN IN PAR	HE TERMINAL	ca of	Cervix		17.	
chief y a m Body the p tysicia		OPERATION 198 CON	DITION FOR WHICH	4 - 4	20A. AUTOPSY? (Yes or N	o) 208, IF YES, WERE I	FINDINGS CONSIDERED	
		WAS UNDERLYING	lag of heges		or obout 21C. WHERE DID		City, give exoct location)	
	DEATH (natify	nedical examined	home, fa	rm, toctory, street, all	ice bldg., INJURY OCCUR?	h in sommen	City, give exoct location;	
hospital nature; cept whe d (6) No ained be	OF INJURY	Month) (Doy) (Yearl	While A	URY OCCURRED Not While	21F. HOW DID IN.	JURY OCCUR?		
S S X E T		hat (1) (this hospital	Wark	Al Wark			10	
apping to the fan (expense); a		ast saw the decease			/	19 /2 to J	19_/	
~ OBE~					ew the bady after death.	nat in (my) (our) apir	nian death occurred on the	e date
ust be eased dent nospit deat must	23A, SIGNATUR	E		s/ (did/ (did iidi/ Vi	ew the bady after death.		23B, DATE SIGNED	
	UL	1. lovian	M.D.		ding Med.	Staff Phys.	5/4/72	
s re	23C. PHYSICIAN NAME (Typ	S	/·	DEOREE	3D. ADDRESS			
certificat sody was 7s: (1) An D.O.A. at ased pric	AGUST	IN M. FLO	RIAN M	DEGREE	University	HOSPITAL		
TA SO B B	REMOVAL (Sp	ATION, 24B. DATE	/	of CEMETERY of CRE		OCATION (Cit	y, town, or county! (Sta	ote)
This certificate methe body was related was D.O.A. at a deceased prior to written approval	Burial	5-10-72	Balt	imore Nation	nal Cemetery	Baltimore,	Maryland	
This certhe bocs shows: was D. deceas writter	SA. DATE REC'D	Y HEALTH DEPT.	258. NAME OF RE	GISTRAR	25C. FUNERAL DIRECTOR		ADDRESS.	22.000
40×0×	15 150-REV. 171/6	72 2000	7007 1	000	John J. Duda	7922 Wise Av	re. Dundalk, Md2	1222



FUNERAL DIRECTOR: IMPORTANT

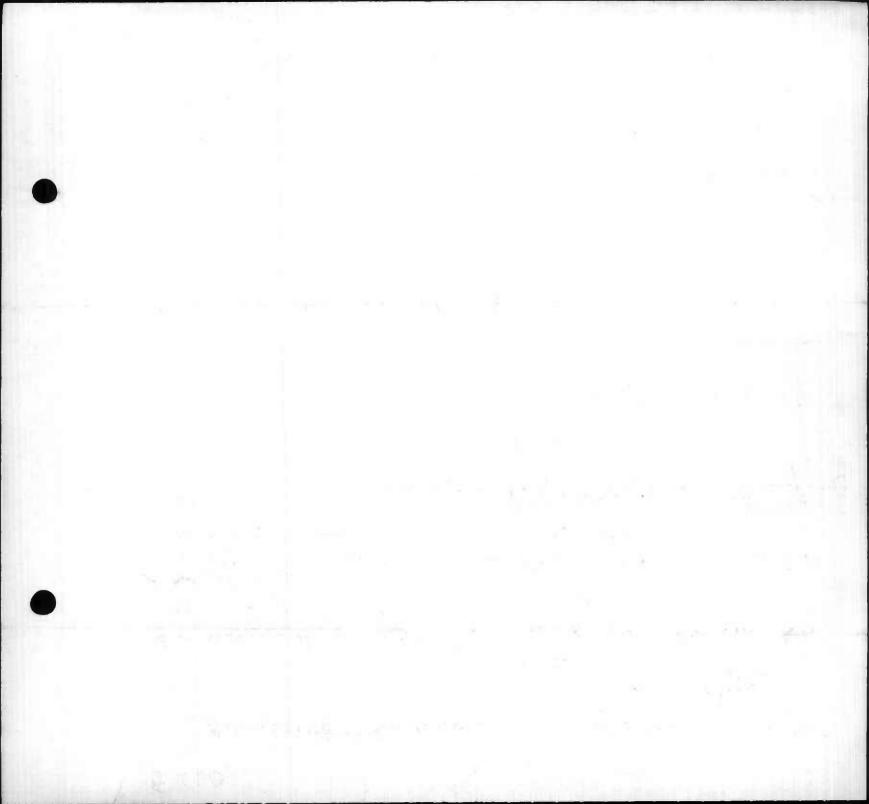
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

-	n			BALTIMORE CITY	HEALTH DEPARTMENT			
BIR	TH NO.	72 04	515	CERTIFICA	TE OF DEATH	REG. NO.	72 04512	
	AME OF DEC				2. DATE AI	ND HOUR OF DEATH		
		Lillia		Sentz	114. USUAL RESIDENCE (Whe	3/72	5:30 P.	M.
3. 1	LACE IN BAL	TIMORE, MARYLAND, W	HERE PRONC	DUNCED DEAD	A. STATE B. COUN	NTY	stitution: residence before admission	1)
FU HO	LL NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTI	TUTION, GIVE STREET	Maryland c. city or town	Baltimore D. INSIG	DE CITY LIMITS?	_
2	Edgewood	d Nursing Hom	e. 6000	Bellona Ave.	Woodlawn		YES NO	
V.		ore, Maryland			2051 Summit	Avenue Apt.	D Clark Manor Ap	t.
	Female	6. RACE White	WIDOWED		8. DATE OF BIRTH 7/25/97	9. AGE (In years lost bipphday)	If Under 1 Yr. II Under 24 Hrs Months Doys Hours Min.	5.
		JPATION (Give kind of work working life, even if retired)	108. KIND C	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	gn country)	12. CITIZEN OF WHAT COUNTR	Y?
goni	Housev				Dillsburg, Pen	nsylvania	U.S.A.	
13.	FATHER'S NA	ME	J		14. MOTHER'S MAIDEN NA	ME	J 0.5.A.	
	Freder		au		Lillian	(Ander		
15. Yes	Was Deceased , no or unknown NO	Off yes, give wor or dote None	rces? es of service)	16. SOCIAL SECURITY NO. 216-09-8425D	Richard S.Sent	z, 2120 Nort	chland Road, 21207	7
	1B. / /	211		CAUSE OF DEATH	H		APPROXIMATE INTERVAL	_
	DISEAS	E OR CONDITION DI	RECTLY	B	0	111	BETWEEN ONSET AND DEAT	н
		LEADING TO DEATH		(A) IMMEDIATE CAU	trageme care	was both	s qus.	
		at meon the made al osthenia, etc. II means		DUE TO, OR AS	A CONSEQUENCE OF: 0	Pearen		
		plication which caused		epieta	moed and as	The contraction of	•	
		ANTECEDENT CAUSES		(0)				
	DISEASES C	OR CONDITIONS, if	ony, giving	DUE TO, OR AS	A CONSEQUENCE OF:		***************************************	
		abave cause (A) G CONDITION last.	stating the				30,270	
	ONDEREINN	to to tho tho the task.		(C)				_
ATION	TO THE DEAT	ICANT CONDITIONS CO	HE TERMINAL			070 000 00 x x 00 x x x x x x x x x x x		
		OPERATION 198. CON	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or No		INDINGS CONSIDERED	
ERTIFIC	0	WAS PER	FORMED		No.	IN CERTIFYING CAU	ISES OF DEATH?	
AL C	OR CONTRIBL	NT WAS UNDERLYING TING CAUSE OF	21 ho	B. PLACE OF INJURY (e.g., in me, form, foctory, street, of	n or about 21 C. WHERE DID	(If In Boltimore	City, give exact location)	
EDIC	21 D. TIME	(Month) (Doy) (Year)	(Hour) 21	E. INJURY OCCURRED	21F, HOW DID IN.	IIIAX OCCIIA3		_
ME	OF INJURY	Trionini (Doy) (Teon	w	hile At Not While		TORT OCCUR:		
	22. I certify	that (1) (this hospita	l) ettended	the deceased from	October	1969 to ME	my 8 1972	-
					1972 and 1	not in (my) (our) onir	nian death occurred on the do	
							Toll doolil occorred all the go	
	23A, SIGNATU	/	rea abave.	(+) (me) (ala) (ala not) v	lew the bady after death.		23 B. DATE SIGNED	_
	237.310117	Sec.		Atte	nding Med.	Stoff C		
	15	man von	eche_	DEGREE: Phys	s. Director L	Staff Phys.	5/9/72	
	23C. PHYSICIA NAME (T	ype)	Brecher	M.D.	6410 Windsor N	Mill Road, Ba	altimore, Md. 2120	70
24A		MATION, 248. DATE	24C.	DEGREE	MATORY 24D. L	LOCATION (Cit	y, town, or county) (State)	_
	Buri	_	72	Woodlawn Cemet	ery	Woodlawn	Balto. Md.	
25 A		BY HEALTH DEPT.	25B, NAME	OF REGISTRAR	2SC. FUNERAL DIRECTO	R	ADDRESS	_
	10444	1079 20 00	23 47	1 A O A -			ectors P.A. Md. 211	33
VS	150-REV. 1/1/	SIC TOTAL	VEL BO	AND U ! O	13 gilso riner	ty noad, name	idulisuowii, Fid. 211.	=



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any ced ndan	10	
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	Written approval must be obtained before the remains are embaimed of final disposition is made.	MEDICATION
5: (1) 5: 0.0 15: 0.0	an a	24
was l	MEILE	25
- 41 - 0		<u>_</u>

	5.660		HEALTH DEPARTMENT TE OF DEATH REG. NO.	72 04513
- 1	IRTH NO 04513	CERTIFICA	TE OF DEATH REG. NO	
	ype or Print)	naSourara	2. DATE AND HOUR OF DEATH	1 40 P
3	PLACE IN BALTIMORE, MARYLAND, WHERE PR	CHERER	4. USUAL RESIDENCE (Where deceased lived, If A, STATE B, COUNTY	institution: residence before edmissioni
11.5	ULL NAME OF (IF NOT IN HOSPITAL OR II ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	MD BALTO	SIDE CITY LIMITS
	+	0	Baltimore	YES NO
	BON SECOUR HOSP.	BALTO. M.D.	E. STREET AND NUMBER 509 OLD O	RCHID RD.
	M WIDO	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
III	A. USUAL OCCUPATION (Give kind of work 10B, KIN one during most of working life, eyen if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State ar loreign country)	12. CITIZEN OF WHAT COUNTRY?
	RETIRED FO	WITABLE TRUST	- MD-Balto.	USA
13	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	William C. Scherer		Mary A. Nagle	
15	. Was Deceased Ever in U. S. Armed Forces? es,no or unknown) (If yes, give war ar dotes of serv	ice) 1 6. SOCIAL SECURITY NO.	and Mrs. Lach T. Sche	ADDRESS
	No	219.07.2815	and Mrs. Lach T. Scho	chard Road21229
	18. 5 19.21	CAUSE OF DEATH		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Dest 1 - Puga	SELVICEN CHARLE MINE SEATIN
	17 his does not mean the made at dying, heart loiture, asthenia, etc. It means the disc	e.g., DUE TO, OR AS A	SE REGILETY Failure	**************************************
	injury or complication which caused death.) ANTECEDENT CAUSES	a : 1	O.O. It's Dist.	ulitis Undernutrition
	DISEASES OR CONDITIONS, if any, gi	vind DUE TO, OR AS	A CONSEQUENCE OF:	was unavinon
	rise la lhe abave cause (A) slaling	the		
		(c)		
TON	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG		
1119	IDISEASE OR CONDITION GIVEN IN PART 1 (A).			
CERTIFIC	19A-DATE OF OPERATION 19R CONDITION I	FOR WHICH OPERATION	20A. AUTOPSY? (Yes er No.) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
CAL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	21B PLACE OF INJURY (e.g., in home, form, foctory, street, off etc.)	or obout 21 C. WHERE DID (If In Boltima ce bldg., INJURY OCCUR?	ore City, give exact location)
MEDI	21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
	(APPROX.)	While At Work Not While		
	22. I certify that (1) (this hospital) attend		4 - 22 19 72 10	5 - 6 1972
	that (1) (we) last saw the deceased alive			Inlan death occurred on the date
	and haur and from the causes stated abov	e. (1) (We) (d1d) (d1d nat) v1	ew the body after death.	
	23A. SIGNATURE	asana M.D Atten	ding - Mad - Staff &	23B. DATE SIGNED
	23C PHYSICIANS	DEGREE Phys.	Director L. Phys. LA	5-6-72
	23C. PHYSICIAN'S NAME (Type) VILT) IVAN 7	HITIVARANA	BON SECOURS HO	OSPITAL
24	A. BURIAL CREMATION, 248. DATE 24	C. NAME of CEMETERY OF CRE	AATORY 24D. LOCATION (C	ity, town, or county! (State)
	Burial 5/10/72 L	oudon Park Ce	metery Baltimore, M	aryland
25	MAY 11 1972 DEFT CONTROL PORT	ME/OE REGISTEAR	25C. FUNERAL DIRECTOR 736 Edmond	Ison Ave.
VS	150-REV. 1/1/6B	e foresto acquestos su	13 5 0 0 Paramette	(5.1.7)72.8



a hospital and

occurred in

IMPORTANT

FUNERAL DIRECTOR:

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prior to death.

attendance

death was in regular

attendance on the deceased

(1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

This certificate must be approved by the chief medical examiner or his assistant if death

the body was released to the hospital by

shows:

written approval must be obtained before the remains are embalmed or final disposition is made.

was D.O.A. at a hospital (except where the physician who pronounced deceased prior to death); and (6) No physician was in regular attenda

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BALTIMORE CITY HEALTH DEPARTMENT

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REG. NO	15		4) [G

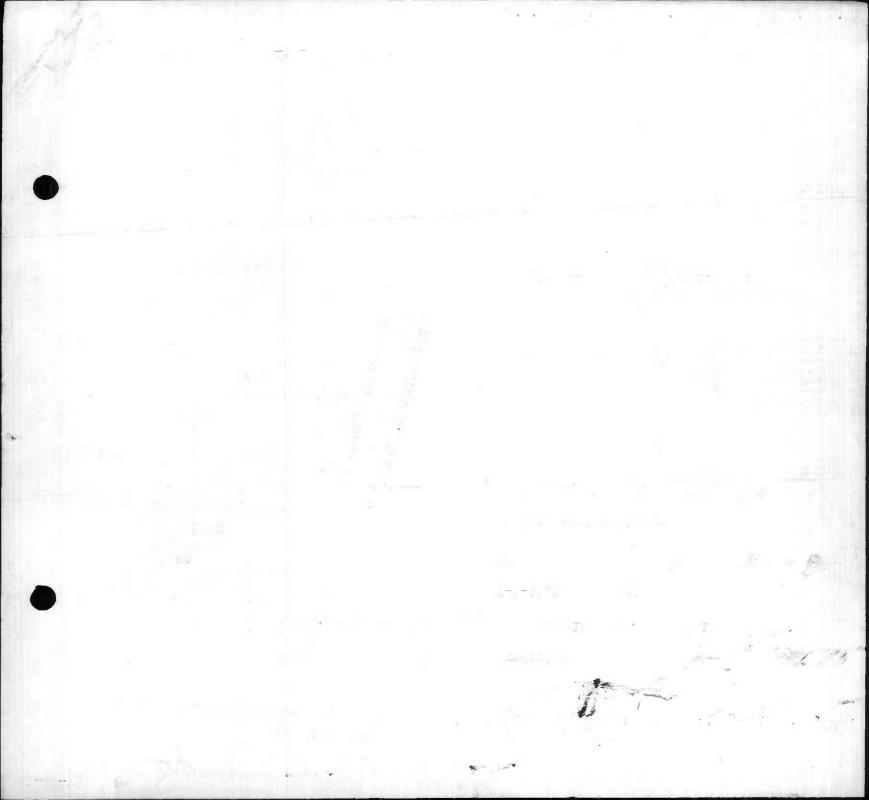
BIRTH NO.	72 (74514 CERTIFICA	TE OF DEATH	REG. NO	72 045	14
1. NAME OF DI (Type or Print)	ECEASED	e ^D isney	2. DATE	AND HOUR OF DEAT		4:05 p
3. PLACE IN BA	ALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (W	here deceased lived II		_ M.
FULL NAME O HOSPITAL OR INSTITUTION	F (IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET		Frederick	ASIDE CITY LIMITS?	//
31	Baltimore 4940 Easte	City Hospitals ern A v enue	Frederick E. STREET AND NUMBER			6.7
	. Baltimore.	Maryland 21224	10 Lincoln A	pts. 217	01	
5. SEX	6. RACE	7. MARRIED NEVER MARRIED	8. DATE OF SIRTH	9. AGE (In years lost birthday)	Months Days He	f Under 24 Hrs.
Female	Negro	WIDOWED DIVORCED	3-9-1929	43		
	CUPATION (Give kind of work of working lile, even if retired)	OB, KIND OF BUSINESS OR INDUSTRY	Md.	oreign country)	USA	HAT COUNTRY?
13. FATHER'S N	AME		14. MOTHER'S MAIDEN N	AME		
UNI		2 114 contain	Mabel Malvin	a Disney		
Tes, no or unknow	ed Ever in U. S. Armed For vn) (II yes, give wor or dote	s of service 16. SOCIAL SECURITY NO.	BCH RECORDS:	4940 Easte	ern Avenue 2	1224
UNDERLYIN OTHER SIGN TO THE DEL TO THE D	WAS PERI DENT WAS UNDERLYING BUTING CAUSE OF (ify medical examiner) (Month) (Doy) (Teat) (Y that (I) (this hospital e) last saw the decease and from the causes state (URE RAN'S	dying de.g. dying de.g. (A) IMMEDIATE CAL DUE TO, OR AS DUE TO, OR AS Soling die de.g. DUE TO, OR AS DUE TO, OR AS Soling de.g. DITON FOR WHICH OPERATION FORMED A Houring de.g. (Hour) While At Not While At Work Ottended the deceased from deed obave. (I) (We) (did) (did not) very deed obave. (I) (We) (did) (did	DE RESPIRATO A CONSEQUENCE OF: Pumonia f A CONSEQUENCE OF: O HAVE DES O TAVEST 20A. AUTOPST? (Yes or In or obout 21°C. WHERE DID life bidg., INJURY OCCUR? 21F. HOW DID IN EVEN 19 7 2 ond in item the body ofter death	Noil 20B. IF TES, WERE IN CERTIFYING CO. (If In Bolton NJURY OCCUR? 19 12 to that In (my) (aur) of Phys. Staff Phys.	E FINDINGS CONSIDERAUSES OF DEATH? COTO City, give exoci location of the course of th	ollon)
24A- BURIAL CI	REMATION, 24B. DATE	24C. NAME of CEMETERT OF CRE	pall	-	pitol City. lown, or countyl	(Stotel
Burial	5-10-19	72 Fairview			Frederick	Md
25A. DATE REC		258 NAME OF REGISTRAR	25C. FUNERAL DIRECTO		ADDRE	SS

258. NAME OF REGISTRAR

MAY 11 1972

VS 150-REV. 1/1/68

C.E. Hicks,111 263 W. Patrick Street, Fred. Md



shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing couse of death FUNERAL DIRECTOR: IMPORTANT

BALTIMORE	CITY	HEALTH	DEPA	PTMENT
DULLINGUE	-111	11FVF111	DEL V	IK I WELAT

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REG.	NO	72	64	515)
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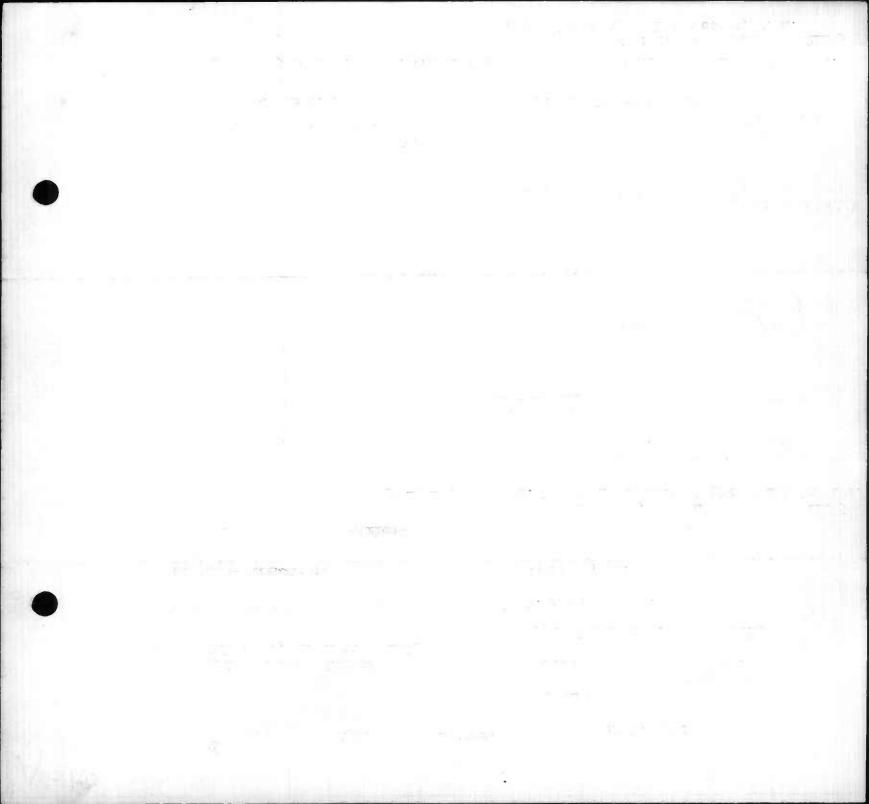
BIRTH NO. 72 04515	CERTIFICA	TE OF DEATH	reg. No. 72 (4515
1. NAME OF DECEASED Nellie	Marie Roy	CP 2. DATE AND HOU	OF DEATH
3. PLACE IN BALTIMORE, MARYLAND, WHERE	1 1011 0 1	4. USUAL RESIDENCE (Where deceos	sed lived. Il institution: residence belore admission)
FULL NAME OF (IF NOT IN HOSPITAL OF ADDRESS OR LOCATION INSTITUTION	R INSTITUTION, GIVE STREET	A. STATE B. COUNTY	D. INSIDE CITY LIMITS?
38 Unive of Md.	Hosp.	Cumperland	YES MO
Universtiy of Md. Hos	V	E. STREET AND NUMBER 101 Pennsylvani	a Avenue
WILL WILL	ARRIED NEVER MARRIED DOWED DIVORCED	8. DATE OF RIBTH OF Son AGE	In yeors II Under 1 Yr. II Under 24 Hrs. Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. I done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign counts	12. CITIZEN OF WHAT COUNTRY
Housewife	Own Home	W.Va.	U.S.A
13. FATHER'S NAME	fler (der)	14. MOTHER'S MAIDEN NAME	she (de)
15. Was Decoased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ADDRESS ADDRESS
(Yos, no or unknown) (If yes, give war or detes of s	SECURITY NO.		ADDRESS XXXXI Ce W. Royce, Cumberland
18./9 2 }	CAUSE OF DEATH		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTL	y Massi	s blooding from	BETWEEN ONSET AND DEATH
LEADING TO DEATH	CANIMMEDIATE CAU		nominate 3thrs
		CONSEQUENCE OF: Artery	fisher
ANTECEPENTICAUSE	notar	Permanent Tra	choos tomes
THISE ASES A TOR . CONSMICTORS, MITTER BOTT.	giving (B) DUE TO, OR AS	A CONSEQUENCE OF:	4
rise to the above cause (Al state UNDERLYING CONDITION last.	ig the (c)	erinoma. Thyroce	LEsophyle 1 Xr
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TER	MINAL	7	
194. DATE OF OPERATION 1198. CONDITION	N FOR WHICH OPERATION	20A. AUTOPSY7 (Yes or No) 208, IF	YES, WERE FINDINGS CONSIDERED
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, affi etc.)	or obout 21 C. WHERE DID ice bldg., INJURY OCCUR?	(If In Boltimare City, give exact location)
DEATH (notify medical examined 21D. TIME (Month) (Doyl (Year) (Hot		21F. HOW DID INJURY OCC	CUR?
(APPROXI	While At Not While At Work		
22. I certify that (1) (this hospital) atte		3 - 3 - 19772	to 5-6 19 172-
that (1) (we) last saw the deceased all-		-	(our) apinian death occurred on the date
and haur and from the causes stated ab	pave. (1) (We) (did) (did not) vi	ew the bady after death.	
23A. SIGNATURE JRC 9	hu MD Atter	ding Med. Shoff	23B. DATE SIGNED 5-6-172
23C. PHYSICIAN'S NAME (Type) H JAE	DEOREE	3D. ADDRESS	d Hospital
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CREATER	MATORY 24D. LOCATION	(City, town, or county) (State)
Burial	Sunset Memorial	Damba Gumba	
	NAME OF REGISTRAR	Park Cumberl 25c. FUNERAL DIRECTOR	ADDRESS
MAY 1 2 1972 Robert 8	2 Jaber Ach in	James F. Scarpel	li, Cumberland,
VS 150-REV. 1/1/68	.,0	0 0 : U	

FUNERAL DIRECTOR: IMPORTANT

shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who promoted date. was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death,

		0.04540		BALTIMORE CITY	HEALTH DEPART	TMENT				
	RTH NO.	2 04516		CERTIFICA	TE OF DE	ATH	REG. NO	72	(4516)	
(Ту	NAME OF DEC po er Print)	Mary	Agnes	Ambros	9	May	7, 1972	1		
3.	PLACE IN BAL	IMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDE	ENCE (Where	deceased lived If i	nstitution: r	esidence before	e odmission)
HO	ILL NAME OF DSPITAL OR STITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITATION)	UTION, GIVE STREET	Mary:		D. INS	IDE CITY L	798 IMITS?	3
		27 Spaulding				imore		YES	NO	
,	Bal	Ltimore, Mary	land	21215	E. STREET AND N					
5.	SEX	6. RACE	7. MAPPIED	NEVER MARRIED	8. DATE OF BIRTH		ing Avenue	21	215	1 04 11
	Female	White	WIDOWED	T.	Sept. 14	li.	bipthdey)	Months	Doys Hours	nder 24 Hrs. Min.
104	USUAL OCCU	PATION (Give kind of werk	108 KIND O	BUSINESS OR INDUSTRY	11. BIRTHPLACE (S		Country)	12, CITI	ZEN OF WHAT	COUNTRY
don	Retired	orking life, even if retired — Manicurist			Gettysb					,
13.	FATHER'S NAM	AE 3A			14. MOTHER'S MA	AIDEN NAMI			·	
			Mill				Unknown			
Ye:	No or unknewn)	Ever in U. S. Armed Fere (If yes, give wor er dete None	ces? s ef service)	16. SOCIAL SECURITY NO. 217-18-3216			re, Maryla angaliviti		Spauld:	21215 ing Av
	injuly at comp	al meen the made of asthenia, etc. It means of the caused NTECEDENT CAUSES R CONDITIONS, it above cause (A) CONDITION last.	the disease, deeth.)	directly .	A CONSEQUENCE	ec_	leer		1 mc	> .
ATI	DISEASE OR CO	CANT CONDITIONS CONTINUED TO THE NOT RELATED TO THE NOTION GIVEN IN PART OPERATION 198. CONTINUED TO THE NOTION WAS PERF	IE TERMINAL 1 (A). DITION FOR 1	*************	20A. AUTOPSY?	******	OR IF YES, WERE IN CERTIFYING CA		CONSIDERED	1 25
- 2	OK CONTRIBUT	T WAS UNDERLYING TING CAUSE OF	21B. hem etc.	PLACE OF INJURY (e.g., in e, ferm, foctory, street, eff	er ebout 21C, WHE	RE DID	(If In Beltimer	e City, give	exect lecetion)
ō	21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)		INJURY OCCURRED Ile At Not While At Werk		OID INJUR	Y OCCUR?		2	1.4-
	22, 1 certify t	hat (1) (this hospital)	attended t	he deceased fram	may7	19/	12 to D	0.A-1	Canal	0 -
	that (I) (we) I	ast saw the decease	dalive an		ew the bady afte	and that	in(my) (aur) apl		h accurred o	n the date
- 1	23A. SIGNATUR	E	11	mo				23 B. DAT	ESIGNED	
ď	23 C. PHÝST CIÁN NAME (Ty	Jonas H.	Cohen	DEGREE Phys.	D. ADDRESS	ter L Phy	ghts Avenu	Je Je	5/8/	72
24A	BURIAL CREM	ATION, 24B. DATE		DEGREE CEMETERY OF CREA		24D. LOC/		y, tewn, or	county!	(54042)
	Burlal	2/10/1	972 W	oodlawn Cemete	ery	Wo	odlawn	Balt	imore	Md.

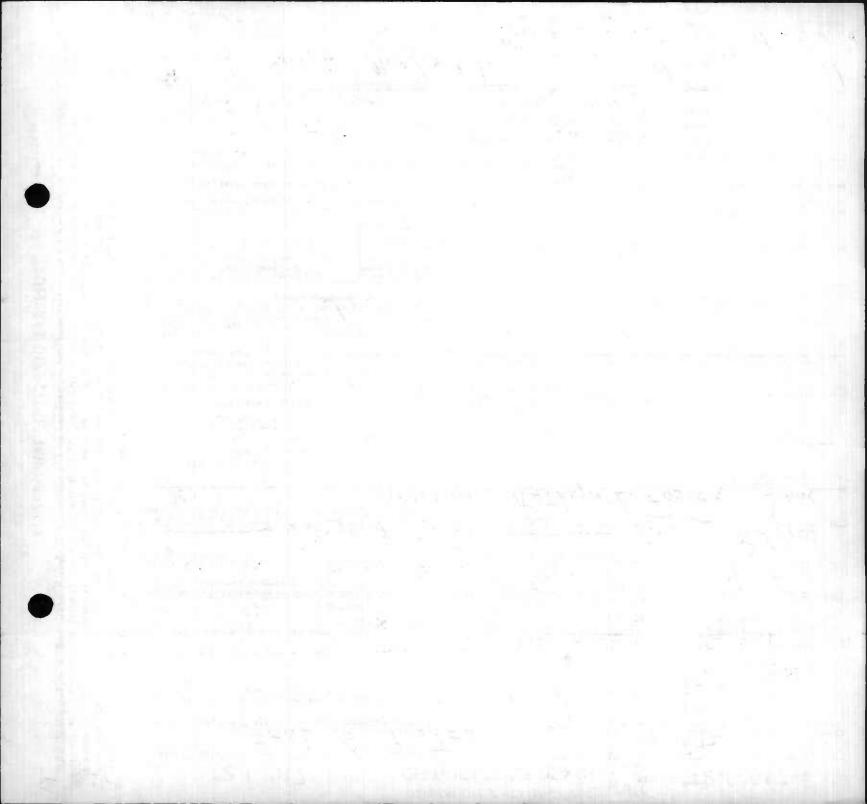
Robert E. Jacken M.D. MAY V\$ 150-REV. 1/1/68 12 1972 Loring Byers Funeral Directors,



FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such expressed must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

			BALTIMORE CITY	HEALTH DEPARTMENT		
	TH NO. 72 04517		CERTIFICA	TE OF DEATH	REG. NO.	04517 —
	pe or Print	Ğ	FosTer	2. DATE	AND HOUR OF DEATH	1 17 AM
3.	PLACE IN BALTIMORE, MARYLAND, WI	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (W	here deceased lived, If institution	
H	LL NAME OF (IF NOT IN HOSPITA STITUTION ADDRESS OR LOCA	L OR INSTITUTION	JTION, GIVE STREET	MARY LOUD	D. INSIDE CIT	S S S Y LIMITS?
1				BAITIMORE	YES [No
V	NION MEMORIA	1 1	OSPI IAL	8416 NU		- RIDGE GARDEN
5.			NEVER MARRIED	8. DATE OF BIRTH		nder 1 Ys. If Under 24 Hrs. hs. Days Hours Min.
104	USUAL OCCUPATION (Give kind of work	WIDOWED		06-13-02	(c)	TITIZEN OF WHAT COUNTRY?
don	during most of working life, even if retired)	Genera	1 1	WESTGINI	A .	USA.
13.	FATHER'S NAME	Rge	W FosTer	14 MOTHER'S MAIDEN N	N Pose	RAINES
15.	Was Deceased Ever in U. S. Armed Fore	9874	1 6 SOCIAL	17. INFORMANT		ADDRESS
110	s,no of unknown) (II yes, give war of dote:	of selvices	216030645	KAThRY	y L. tosler	Same.
-	18.		CAUSE OF DEAT	1	2 03.010	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIR	ECTLY		1 1 14	1 1.20	
	LEADING TO DEATH (This does not mean the mode of	dylag. e.c.	(A) IMMEDIATE CAU	The same of the sa	MOCARDIAL INJOIN	
	heart failure, asthenia, etc. It means injury or complication which caused	the disease,	DUE IO, OR AS	A CONSEQUENCE OF:		
	ANTECEDENT CAUSES	dodaid,	. Dulu	33 29A11	·Amst	
	DISEASES OR CONDITIONS, II	iny, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
	rise to the above cause (A) UNDERLYING CONDITION last	stating the	m ASC	UD		
	11					
N O	OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED TO THE		Pulua	M3 LSAN	bolus	
3	DISEASE OR CONDITION GIVEN IN PART 19A. DATE OF OPERATION 19E CONI	1 (A).				GS CONSIDERED
ERTIFICATION	WAS PERF	ORMED	inion organism		No. 20 IF YES, WERE FINDIN IN CERTIFYING CAUSES O	OF DEATH?
CAL CE	21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	21 B hom etc.	e, farm, factory, street, of	n of about 21 C. WHERE DID lince bidg. INJURY OCCUR?	(II in Boltimore City,	give exact location)
MEDIC	21D-TIME (Month) (Doy) (Year)	(Houd 21E	INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?	
1	(APPROX)	Wh	ile At Not While	•□		
	22. I certify that (1) (this hospital			4-27-46	19 to 5-9-1	19
	that (1) (we) last sow the decease			19ond	that in(my) (our) opinion d	eoth accurred on the date
	ond hour and from the causes stat					
	23A. SIGNATURE					DATE SIGNED
	Canin-	M	DEGREE Phy	inding Med. Director	Staff Phys.	5-9-12
	23C. PHYSICIAN'S NAME (Type)			23D. ADDRESS	1 11	
	JAIPO PAMI	125	DEGREE		BMOEIDI HOS	b.
24	A BURIAL CREMATION, 248, DATE	24C. N.	AME of CEMETERY or GR	Z4De	LOCATION (City, ww	(State)
200	DURIAL 3/12/	12 /	leAdow Rid	9 e	HONAR	T 1/10
25	A, DATE REC'D BY HEALTH DEPT.	25B. NAME	OF REGISTRAR	25C FUNERAL BURECE	188 St. NAV	02 HARTORD RE
VS	150-REV. 17/68	A C. A	- 1 - C	Jan C. E.	THE VIEW OF	7577 7000 700



This certificate must be approved by the chief medical examiner or his assistant if death accurred in a haspital and

the body was released to the haspital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the

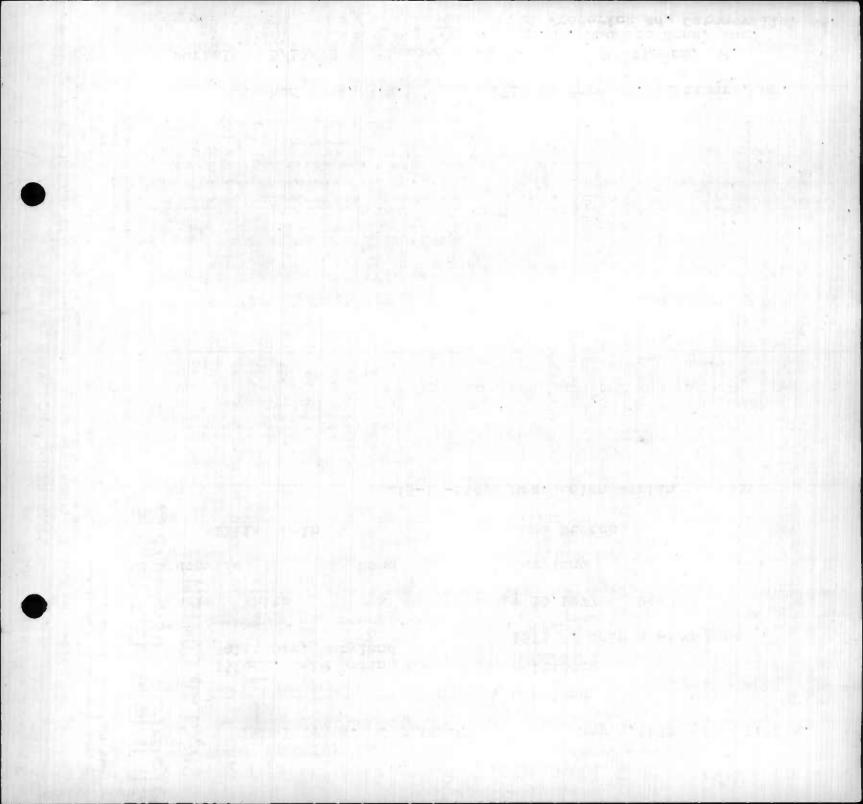
BALTIMORE CITY HEALTH DEPARTMENT

REG. NO.	: 04518
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LINS	PLACE IN BALTIMORE, LL NAME OF (IF N DSPITAL OR ADE STITUTION			ITION, GIVE STREET	Maryland	COUNTY	institution: residence before odmis 7 4 9 ISIDE CITY LIMITS?
6	1526	E. Cole		ng Lane nd	Baltimor		YES NO D
5. S	SEX 6. RACE		7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Manths: Days Haurs M
F	Female Wh	nite	WIDOWED	= =	May 23, 187		Widness Days Haurs Wi
10A	USUAL OCCUPATION	(Give kind af worl	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	foreign country)	12. CITIZEN OF WHAT COU
_	e during most of working life	e, even it retired)	77		14		*****
Housewife Home			ne	Maryland		USA	
13.					14. MOINER 5 MAIDE	TIMME	
	Willia	m Kolb			Emma Ste	tch	
	Was Deceased Ever in Us, no or unknown) (If yes,			1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
,,,,,		give wor or date	, a di 35, viet,				
	NO 18./// 7 7	3	de la companya della companya della companya de la companya della	215-10-554	W Mrs. Hel	en Lerian	Same APPROXIMATE INTER
	4/2/0	7	250	7 CHOSE OF DEAT			BETWEEN ONSET AND I
	DISEASE OR CO	ONDITION DI	KECTLY		ACHD		zwks
	(This does not mean		dying, e.o.	(A) IMMEDIATE CA	CAUSE ASHD AS A CONSEQUENCE OF:		
	heart failure, asthenia,	elc. Il means	the disease,	DUE TO, OK AS	A CONSEQUENCE OF:		
	injury ar camplicalian						
	ANTECE	DENT CAUSES		(R)			
	DISEASES OR CON			DUE TO, OR AS	A CONSEQUENCE OF:		
	rise to the obove		stating the	4-3			
	ONDERLING COND	THON 10SI.		(c)		***************************************	
z		11			1 /	11/1	
TIOIT	TO THE DEATH BUT NO			1219	betos	Mellitus	several Ye
4	DISEASE OR CONDITION	N GIVEN IN PAR	RT † (A).	WHICH OPERATION	20A ALLTOREY2 (Van	or No. 20R IE VEC WEB	E FINDINGS CONSIDERED
=	DATE OF OPERATI	WAS PER		VHICH OPERATION	ZUM. AUTOPST? (Fes	IN CERTIFYING C	AUSES OF DEATH?
=			1		1 1010 1111		
ERTIFIC		UNDERLYING	J 21 B.	e, farm, factory, street, a	in ar about 21C. WHERE E	IR? (If In Boltim	ore City, give exact location)
U	21A. ACCIDENT WAS	CAUSE OF					
AL C	21A. ACCIDENT WAS OR CONTRIBUTING DEATH (natify medical	examiner)	etc.				
CAL C	OR CONTRIBUTING DEATH (natify medical	(Day) (Year)		INJURY OCCURRED	21F. HOW DI	D INJURY OCCUR?	
CAL C	OR CONTRIBUTING DEATH (natify medical 21 D. TIME (Manth) OF INJURY	examiner)	(Haut) 21 E.	INJURY OCCURRED	21F. HOW DI	D INJURY OCCUR?	
EDICAL C	OR CONTRIBUTING DEATH (natify medical	examiner)	(Haut) 21E.	INJURY OCCURRED Not Whi	le 🗆		
EDICAL C	OR CONTRIBUTING DEATH (natify medical 21 D. TIME (Manth) OF INJURY	examiner) (Day) (Year)	(Haur) 21E. Whi	tNJURY OCCURRED le At Not White At Work ne deceosed from	Jan. 14		May 9 19 2
MEDICAL C	OR CONTRIBUTING DEATH (natify medical 21D.TIME (Manth) OF INJURY (APPROX.)	(this hospital	(Haut) 21E. Whi Wat	tNJURY OCCURRED le At Not White At Work ne deceosed from	Jan. 15	1972 10	
MEDICAL C	OR CONTRIBUTING DEATH (natify medical 21D.TIME (Manth) OF INJURY (APPROX.) 22. I certify that (I) that (I) (we) last so	(this hospital with a decease	(Haut) 21E. Whit Water of the delivery on	tNJURY OCCURRED le At	39n, 19	1972 to	
MEDICAL C	OF CONTRIBUTING DEATH (natify medical 21 D. TIME (Manth) OF INJURY (APPROX.) 22. 1 certify that (1) that (1) (we) last sound hour and from the	(this hospital with a decease	(Haut) 21E. Whit Water of the delivery on	tNJURY OCCURRED le At	Jan. 15	1972 to	pinion deoth occurred an the
MEDICAL C	OR CONTRIBUTING DEATH (natify medical 21D.TIME (Manth) OF INJURY (APPROX.) 22. I certify that (I) that (I) (we) last so	(this hospital with a decease	(Haut) 21E. Whit Water of the delivery on	tNJURY OCCURRED le At Not Whi At Work ne deceosed from May) (Me) (did) (dld not)	Jan, 19	nd that in(my) (our) o	
MEDICAL C	OF CONTRIBUTING DEATH (natify medical 21 D. TIME (Manth) OF INJURY (APPROX.) 22. 1 certify that (1) that (1) (we) last sound hour and from the	(this hospital with a decease	(Haut) 21E. Whit Water of the delivery on	tNJURY OCCURRED le At Not Whi At Work ne deceosed from May) (Me) (did) (dld not)	Jan, 19	1972 to	pinion deoth occurred an the
MEDICAL C	OR CONTRIBUTING DEATH (natify medical 21D.TIME (Manth) OF INJURY (APPROX.) 22. 1 certify that (1) that (1) (we) last sound hour and from the condition of the	(this hospital with a decease	(Haut) 21E. Whit Water of the delivery on	INJURY OCCURRED Ile A1 Not White A1 Work And	Jan, 19	1972 to	pinion deoth occurred an the
MEDICAL C	OR CONTRIBUTING DEATH (natify medical 21D.TIME (Manth) OF INJURY (APPROX.) 22. 1 certify that (1) that (1) (we) last sound hour and from the condition of the	(this hospital w the deceose the causes sta	(Haut) 21E. Whi War to trended the dolive on	INJURY OCCURRED le At Not White At Work ne deceosed from May) (We) (did) (did not) DEGREE Phy	Jan 19 72 a view the body ofter de pending Med. Director 23D. ADDRESS	1972 to	238, DATE SIGNED
MEDICAL C	OR CONTRIBUTING DEATH (natify medical 21D.TIME (Manth) OF INJURY (APPROX.) 22. 1 certify that (1) that (1) (we) last sound hour and from the 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) Ste	(this hospital with decease are causes star	(Haut) 21E. Whit was the obove. (I	injury occurred le At Not White At Work ne deceosed from May DEGREE Phy	Jan 19 72 a view the body ofter de pending Med. 23D. ADDRESS 1712 Winfo	1972 to	5/10/72
MEDICAL C	OR CONTRIBUTING DEATH (natify medical 21D.TIME (Manth) OF INJURY (APPROX.) 22. 1 certify that (1) that (1) (we) last sound hour and from the condition of the	(this hospital w the deceose the causes sta	(Haut) 21E. Whit was the obove. (I	INJURY OCCURRED le At Not White At Work ne deceosed from May) (We) (did) (did not) DEGREE Phy	Jan 19 72 a view the body ofter de pending Med. 23D. ADDRESS 1712 Winfo	1972 to	238, DATE SIGNED

VS 150-REV. 1/1/6B

Edw. S. MagNabb Sons, Inc. 301 Frederick Rd. Catonsville, Md.



TOINERAL DIRECTOR: THE ORIGINAL	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital are the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of deat shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Decease was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Su written approval must be obtained before the remains are embalmed or final disposition is made.
	This certificate must the body was releas shows: (1) An accider was D.O.A. at a hosp deceased prior to de written approval mu

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

REG.	NO	72	0.4519	ì

72 04519	CERTIFICA	TE OF DEATH	72 04519
1. NAME OF DECEASED		2. DATE AND HOUR OF DE	ATH
(Type or Print)	ctoria Sup (Su		
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)	DNOUNCED DEAD	A. USUAL RESIDENCE (Where deceased lived A. STATE B. COUNTY Maryland	
DD 2213 Lake Av	venue	Baltimore E. STREET AND NUMBER 2213 Lake Avenue	YES X NO
5. SEX 6. RACE 7. MARR	RIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
Female Caucasian WIDOW		Mar. 14, 195	77
10A. USUAL OCCUPATION (Give kind of work 10B. KINI done during most of working life, even if retired) Homemaker	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	5
Frank Supik		Elizabeth	Svec
15. Was Deceased Ever in U. S. Armed Farces? (Yes, no or unknown) (If yes, give wor or dates of servi	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No		Mrs. Josephine M. Schmu	ff Same
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dise injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, girise to the above cause (A) stating UNDERLYING CONDITION lost.	ving (B) DUE TO, OR AS	A CONSEQUENCE OF: NUSCULAR ACCIDENT (STA A CONSEQUENCE OF: LES MELLITUS	ohe) 8 months
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART.) (A).	NAL		VERE FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION F			CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., r home. form, foctory, street, of etc.)	n or obout 21 C. WHERE DID (If in Bo ffice bidg., INJURY OCCUR?	oltimore City, give exact location)
21D.TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21 E. INJURY OCCURRED While At Not While Work Not Work		
22. I certify that (I) (this haspital) attend that (I) (we) last saw the deceased alive and haur and fram the causes stated above 23A. SIGNATURE 23C.PH/SICIAN'S NAME (Type)	on May (ve. (I) (We) (Vid) (dld nai) v	19 72 and that In(my) (aur) apinian death accurred an the date 238. DATE SIGNED May 11, 1972
Luther Willmore	OEGREE	Naval Hispital,	Ennapoli,
REMOVAL (Specify)	C. NAME of CEMETERY of CRI	De3 Administra	(City, town, of county) (Stote)
	Holy Redeemer Ce		Maryland
25A. DATE MAY HALL TOTAL	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	205 Hamfand Dd 22021

The state of the s Market 1 /21/12 upface wast grants are not become artycle of the transfer of the e et = en . +17-9 n (s) Tal Care (n)

FUNERAL DIRECTOR: IMPORTANT

overAI

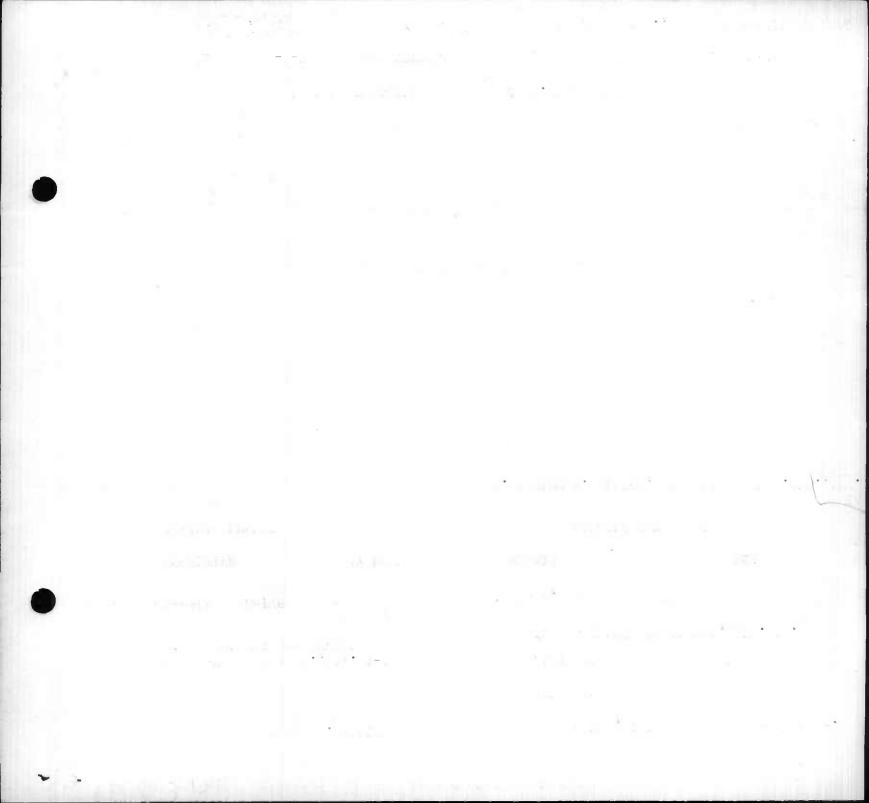
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

WIF 13	BALTIMORE CITY HEALTH	DEPARTMENT	72 04520
W 523 BIRTH NO. 72 04520	CERTIFICATE O	F DEATH REG. N	10. 12 1.4020
I. NAME OF DECEASED XANDER A.	WEINSTOC	2. DATE AND HOUR OF D	7/124 92Pm
3. PLACE IN BALTIMORE MARTLAND, WHERE PRONOUN	ED DEAD	RESIDENCE IWhere deceased live	od Il Institution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	N, GIVE STREET	AKYLAND	b. INSIDE CITY LIMITS!
MANION MEMORIAL H	OSPITAN E	SALTO. CITY	YES NO NO
44		TAND NUMBER, CHA	PLES ST. 21218
MALE WHILE WIDOWED	DIVORCED 8. DATE O	14 102 lost birthdoys	Months Doys Hours Min.
done during most of fronting life, even it refired)	CAL	EW VORK	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		IER'S MAIDEN NAME	
OSIAS WEINSI	a K	SARAH BLUD	MENITEICH
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yos, give war or dates of service)	SECURITY NO.	MRS. SOPHIN WE	INSTOCK ADDRESS
NO III.	CAUSE OF DEATH	**************************************	00 N. CHARLES ST., APT. 803
DISEASE OR CONDITION DIRECTLY			BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e.g.,	(A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQ	HENCE OF	
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	DUE TO, OR AS A CONSEC	DENCE OF:	
· ANTECEDENT CAUSES	(8)	and the second s	
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	DUE TO, OR AS A CONSE	QUENCE OF:	,
UNDERLYING CONDITION last.	(c) Carcho B	spirolary axis	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	Cardo	espiratory on	t Conatis Stat
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHI WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B PL	CH OPERATION 20A.	UTOPSTY (Yes of No.) 208. IF YES, IN CERTIFYIN	WERE FINDINGS CONSIDERED NO CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING 21B. PL OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	CE OF INJURY le.g., in or about arm, factory, street, office bldg.	21C WHERE DID (If In I	Boltimore City, give exact location)
OP INJURY (Month) (Doy) (Year) (Hour) 215, IN		21F. HOW DID INJURY OCCUR	
* IAPPROXJ While Work	Not While		
22. I certify that (i) (this hospital) attended the			5-7-72 19
and haur and from the causes stated above.	5 7 72 19.		ur) opinion death occurred on the dote
23A. SIGNATURE	(did) (dide at) Yew the	body differ dedins	238. DATE SIGNED
A-Silellas	Attending Phys.	Med. Stoff Phys.	5-7-72
23C. PHYSICIAN'S A- 6 HAHIL	EH MD 23D. ADD		al Hospital
			/
24A. BURIAL CREMATION, 24B. DATE 24C. NAM	E OL CEMETERY OF CREMATORY	24D. LOCATION	(City, town, or county) (State)
CREMATION 5-9-72 LOUD	E OF CEMETERY OF CREMATORY EN PARK	BALTIMORE	MARYLAND
CREMAT PORIV	EN PARK REGISTRAR 25C.	BALTIMORE UNERAL DIRECTOR	

6/19/72-1. Acute myrcordeal
2- Cardisse Arrel
3- ae, Pulm Chema
4- Carllad Changes.
5 Prenous Hypert. CV. Drs.
Letter from Linear memorial Hosp.
Filed-Bur of Brostat, - American
Belg.

VS 150-REV. 1/1/68

. 1	[[1] 0 1 79 0 / 593	Y HEALTH DEPARTMENT ATE OF DEATH REG. No. 72 04521				
sed the cch	BIRTH NO.	ATE OF DEATH REG. NO				
and leat leat se se se se se se	1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH				
pital and of deat Decease on the such	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	MAY 7, 1972 6.00 P.M. 4. USUAL RESIDENCE (Where deceosed lived. II institution: residence before admission) B. COUNTY				
hospituse of (5) Dedance	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND 2740				
in a nag cause; cause; artend	PINKNEY COURT APTS., APT. 1-A	BALTIMORE D. INSIDE CITY LIMITS?				
ng caus	6109 PARK HEIGHTS AVENUE	E. STREET AND NUMBER				
		6109 PARK HEIGHTS AVENUE, APT. 1A.				
trib min gul	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	APRIL 9. 1899 9. AGE (In years lost birthday) 9. AGE (In years Months: Days Hours: Min.				
con con con re- re- re- re- re- re- re- re- re- re-	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR'	11. BIRTHPLACE (State at loteign country) 12. CITIZEN OF WHAT COUNTRY?				
= . = 0	HOUSEWIFE AT HOME	RUSSIA USA				
0 + D 0 0 8	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
it if (4)	ABRAHAM EPSTEIN	BARBARA FAY ?				
stant ind; ind; eath e on	15. Wos Deceased Ever in U. S. Armod Forces? 16. SOCIAL (Tes. no or unknown) (If yes. give wor or dotes of sorvice) SECURITY NO.	17. INFORMANT ADDRESS				
されるとに	NO	MR. ADOLPH W. BLEICH, 6109 PARK HGHTS.AVE., APT.				
s as if any ced nda	18.4/2.41 CAUSE OF DEAT	H APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
of or of o	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	A. I O I .				
AeseE	(This does not mean the made of dying, e.g., (A)IMMEDIATE CA	A CONSEQUENCE OF:				
er. ctu pro lar	heart laiture, asthenia, etc. It means the disease, injury ar camplication which caused death.)	Cardevrasarlar Disease				
fra fra	ANTECEDENT CAUSES					
xami xami y A fr who regi	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF:				
_ e C = . E w	UNDERLYING CONDITION lost. (C)					
medica edical burns; hysicia n was	2 11					
med med r bu	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	4				
+ C . O . O . T	ODSEASE OR CONDITION GIVEN IN PART 1 (A). 194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A-AUTOPST? (Yos of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
by ch by co 2) Bo 10 th phys	ac a					
	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY Ie.g., lor CONTRIBUTING CAUSE OF home, form, foctory, street, of colors, street, st	in or about 21C. WHERE DID (II in Baltimore City, give exact location) ffice bldg., INJURY OCCUR?				
	O 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJUST OCCURSED	21F. HOW DID INJURY OCCUR?				
> ~ ~ ~ ~	While At Not While At Work At Work					
P S X E E	22. I certify that (1) (this hospital) attended the deceased fram	DCT 17 197/ to Mry 1972				
0.0	that (1) (we) last saw the deceased alive an NOW 18	19 72 and that In(my) (aur) apinian death occurred an the date				
t be classed to sent of spital leath)	and how and from the causes stated above. (1) (We) (did) (did not)	lew the bady after death.				
a do de	23A. SIGNATURE	anding Med. Stoff Med. Stoff Med. Stoff Med.				
	negwee Phy	s. Director Phys.				
was r An a L at c prior	23C.PHTSICIAN'S NAME (Type) SHELDON GOLDGIER	23D. ADDRESS				
Man and the second	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR	848 W. 36th STREET MATORY [24D. LOCATION (City, town, or county) (Stote)				
		NAI JACOB SECTION) BALTIMORE, MARYLAND				
This cer the bod shows: was D.C decease	25A. DATE REC'D BT HEALTH DEPT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS				
たちゃきゃ	MAY 12 1972 Jobert Entalley Man,	SQL LEVINSON & BROS., 6010 REISTERSTOWN ROAD				



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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DIED	BALTIMORE CITY	HEALTH DEPARTMENT		72 04522
BIRTH NO. 72 04522	CERTIFICA	TE OF DEATH	REG. NO	12 (4)66
1. NAME OF DECEASED (Type or Print) THEODORE	DUBIN	MA	NO HOUR OF DEATH	1035 Am
3. PLACE IN BALTIMORE MARYLAND, WHERE PR	ONO UN CED DEAD	A. STATE B. COU		nstitution: residence before admission)
FULL NAME OF IF NOT IN HOSPITAL OR II HOSPITAL OR II ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	Maryland	14170	5300
HOSMITAL OR ADDRESS OR LOCATION) INSTITUTION TO HPS HOPK	NS HOSD.	C.CITY OR TOWN Baltimore	D. INS	YES NO
33601 N. BROAT	DWAY	E. STREET AND NUMBER		123 140
BACTO MP	21205	2530 Farri	ngdon Roa	d
S. SEX 6. RACE WHITE 7. MAR Male XXXXXXX WIDO	RIED NEVER MARRIED	4/29/27	9. AGE Un years lest birthdoyl 45	Il Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
ICA, USUAL OCCUPATION (Give kind of work 108, KIN	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE ISlate or fore	eign country!	12. CITIZEN OF WHAT COUNTRY
fone during most of working life, even # refired) RETAIL	SALESMAN	BALTIMORE, MA	ARYLAND	USA
3. FATHER'S NAME	O/LDEOFFW.	14. MOTHER'S MAIDEN NA		
Raymond Dubin		Sadie XXXX	cztricty	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give war or dates of sen	rice) 16 SOCIAL SECURITY NO.	17. INFORMANT	THE RESERVE	ADDRESS
NO	SECUEITI NO.	MRS. KNAKOKCHAI	RLOTTE DUBIN	, 2530 FARRINGDON I
118.	CAUSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CA	USE Acute 4	6 I bleed	ing Blus
this does not mean the mode of dying, heart failure, aethenia, etc. it means the dis	BARN DUE TO OR AC	A CONSEQUENCE OF	venal faile	ine
injury at complication which caused death.)		0 /	1	
ANTECEDENT CAUSES	(B) Port	al hyperte	us ion	141
DISEASES OR CONDITIONS, if any, g		A CONSEQUENCE OF:	1. 0 -1	
UNDERLYING CONDITION last	(c)	uerosing l	Molangy or	5 > 44.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERMI	ING 20	Bilcary Circle	USU	5415
O OTHER SIGNIFICANT CONDITIONS CONTINUES TO THE TERM OF THE TERM O	FOR WHICH OPERATION	20A. AUTOPST? (Yes or N	IN CERTIFYING	FINDINGS CONSIDERED
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Inolify medical examined	21B PLACE OF INJURY le.g., home, form, fectory, street, etc.)	in or obout 21 C. WHERE DID office bidg. INJURY OCCURY	(If In Boltime	ore City, give exact lacation)
21D-TIME IMonth) IDoy) (Year) (House OF INJURY IAPPROX.)	215 INJURY OCCURRED While At Not Whi Work At Work	215 HOW DID IN	JURY OCCUR?	
22. I certify that (I)(this hospital) atten-	ded the deceased from	0	19 12 10	F/8 1972
that (1) (we) last saw the deceased alive	on 78	19 72 and t	hat In (my) (our) op	inion death accurred on the dat
and hour and from the causes stated aba	ve. (i) (We) (did) (did not)	view the bady after death.		
23A. SIGNATURE 0 //	- 1		IN-MOUNT	23 B. DATE SIGNED
1 Knyw	el DEGREE Ph	ending Med. Director	Stuff Phys.	5/8/72
23C. PHYSICIANS NAME (Type) Peter Kurzy	weil, M.D.	The Johns I	Hopkins Ho	ospital
24A. BURIAL CREMATION, 24B. DATE	AGUDAS ACHIM ANS	The state of the s	OSEDALE, MAI	City, town, or county) [State] RYLAND
- OK2.12	AME OF REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS
	E. Jaben 180, 9			10 REISTERSTOWN ROA
V\$ 150-REV. 1/1/68		THE PARTY OF THE P	*	

BALTO MD 21265 LOIN. BEERDWAY

TALLY DIDINE, HARVEAU

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

0	1140		BALTIMORE CITY	HEALTH DEPARTM	ENT		
06	10072 04523		CERTIFICA	TE OF DEA	TH REG. NO	0	0.523
1.0	IAME OF DECEASED				ATE AND HOUR OF DE	. 49	* * * * * * * * * * * * * * * * * * * *
сту	Pe or Print) ANNE JAFFE				05-07-72		10:05AM
3.	PLACE IN BALTIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE	E I Where deceased lived	. Il institution:	residence before admission)
HC	LL NAME OF (IF NOT IN HOSPIT ADDRESS OR LOCASTITUTION	AL OR INSTIT	UTION, GIVE STREET	C. CITY OR TOWN	XXXXX MARYLA	ND K	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
-	THE JOHNS HOPKINS	HOSPITA	AL	OWINGS M	ILLS	YES	NO 🗆
-	BALTIMORE, MD 2120	05		E. STREET AND NU	MBER		
					T CLIFF DRIV	E. APT.	#6
5. 5	6. RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (în yoors	II Und	er 1 Yr. II Under 24 Hrs. Days Hours Min.
404	FEMALE WHITE	WIDOWED		02-22-06	66		
dan	USUAL OCCUPATION (Give kind of works a during most of working life, even if retired)	TOR KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Slote	e at lareign country!	12. CIT	ZEN OF WHAT COUNTRY
	NONE		NONE	BALTIMORI	E, MARYLAND		USA
13.	FATHER'S NAME			14 MOTHER'S MAID			
	HADDY TARRE			En	VA KAPLAN		
15.	HARRY TAFFE. Wes Deceased Ever in U. S. Armed For in the service of date	ces?	1 6. SOCIAL	17. INFORMANT	VA KAPLAN		ADDRESS
,,,,,	NO NO	s or services	SECURITY NO.	DD ALREDT	TARRE 130 SI	ADE AVE	. APT. 202 #8
-	18-11-5 A V 1 L 2	ACIV	CAUSE OF DEATH		TATTE, 130 SE	AUL AVE	APPROXIMATE INTERVAL
	LEADING TO DEATH (This does not mean the mode of heart failure, asthenia, etc. It means injury or complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if is above cause (A) UNDERLYING CONDITION last.	the disease, death.)	(B)	A CONSEQUENCE OF:	Julmon	A	3wK
	ONDEALING CONDITION IGES.		(C)				
ATION	OTHER SIGNIFICANT CONDITIONS COI TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION GIVEN IN PAR	IE TERMINAL	Mye	lofebrosi	W		
ERTIFICATIO	19A-DATE OF OPERATION 19B CON WAS PERF	DITION FOR V	WHICH OPERATION	20 K. AUTOPSY? IYe	IN CERTIFYING	ERE FINDINGS	CONSIDERED DEATH?
CAL C	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined	21B, hom elc.)	PLACE OF INJURY le.g., in e, farm, factory, street, aff	or about 21 C. WHERE	DID (If in Bo	Itimore City, giv	ve exact lacation)
	21D-TIME (Month) (Day) (Yeat) OF INJURY (APPROXI		INJURY OCCURRED Not While At Work		DID INJURY OCCUR?	4	
	22. I certify the 150 his hospital	attended th	ne deceased from	April 9	197210	Way	7 1972
	that (1)(we) last saw the decease	d alive on	May 7				th accurred on the dote
	and hour and from the causes stat	ed above.				-	m decented on the dete
	23A. SIGNATURE	do	MA D After	iding Med.	C SHOPE	23 R. DA1	TE/SIGNED
	23G, PHYSICIAMS NAME (Type) DOHOE	2 111	DEGREE	3D. ADDRESS	Ryadu	ray R	eltothe
24A	BURIAL CREMATION, 248. DATE	1 ZAC. NA	ME OF CEMETERY OF CRE	MATORY	24D. LOCATION	(City, lawn, o	ar county) (State)
	BURIAL 5-9-72	BAL	TIMORE HEBREW		REISTERSTOWN	, MARYL	AND
25A	DATE REC'D BY HEALTH DEPT.	258. NAME O	F REGISTRAR	25C. FUNERAL DI		O10 PET	ADDRESS CTEDETOWN DOAL

Waster & Naiber (16 8) VS 150-REV. 1/1/68 MAI

Fig. 74 2-1-12 Evilland the Land to part wholes by me translation was trying and an EALTHORE, MAINTAIN DEA The same of the same of the same of

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BALTIMORE	CITY	HEALTH	DEPARTM	ENT

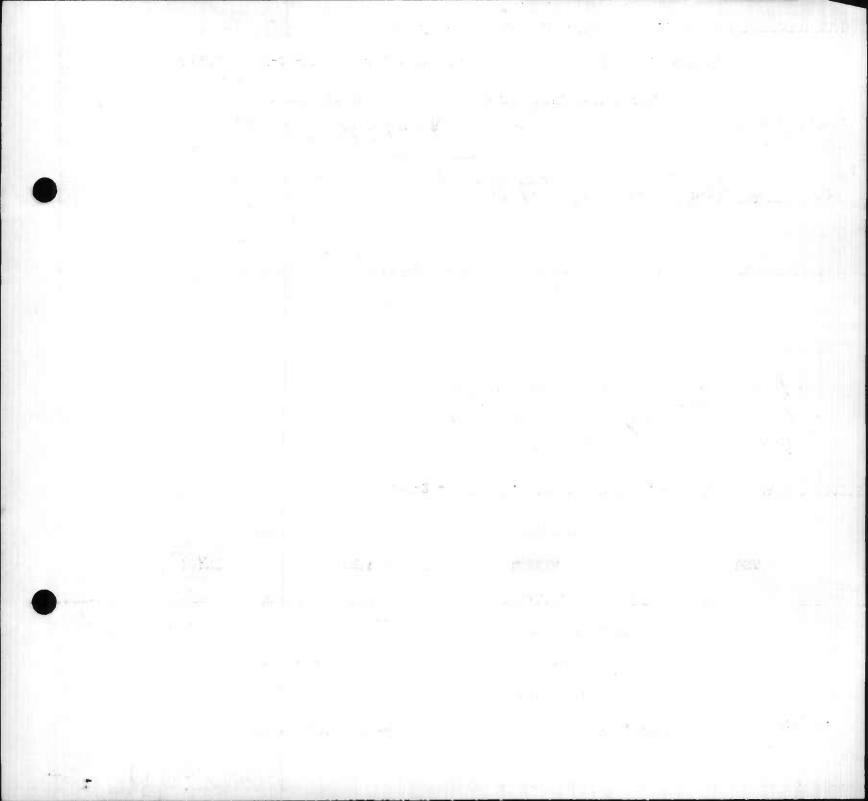
	70	04	524
REG. NO	16	UB	Dea

CERTIFICA	TE OF DEATH REG. NO.	72 04524
	2. DATE AND HOUR OF DEA	TH
RTZMAN	MAY 9, 1972	12:10 A.
WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. A. STATE B. COUNTY	Il institution: residence before admission
AL OR INSTITUTION, GIVE STREET	MARYLAND	2798
A IION)	C, CITY OR TOWN D. 1	NSIDE CITY LIMITS?
UE	BALTIMORE	YES NO
7. MARRIED TH NEWS MARRIED		If Under 1 Yr. , If Under 24 Hi
WIDOWED DIVORCED	8/2/1892 lost birthday) 79	If Under 1 Yr. If Under 24 Hr. Manths Days Hours Min.
108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTI
SELF EMPLOYED	RUSSIA	USA
	14. MOTHER'S MAIDEN NAME	
	UNKNOWN	
ces? 16. SOCIAL	17. INFORMANT	ADDRESS
	MRS. RACHEL WARTZMAN. 490	6 NELSON AVENUE #21
		APPROXIMATE INTERVAL
RECTLY	0 7 10	BETWEEN ONSET AND DEA
(A)IMMEDIATE CAI	ISE Charle M. C.	1-le
the disease,	A CONSEQUENCE OF	110 1511
death.)	More Constitution of the C	
(R)	ronce Brouch	dis 5 Un
any, giving DUE TO, OR AS	A CONSEQUENCE OF:	
NTRIBUTING		
T 1 (A).		
DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WEI	RE FINDINGS CONSIDERED CAUSES OF DEATH?
218 PLACE OF INTERVIOR		
hame, larm, factory, street, a	Find Bodies (N) URY OCCUR?	mare City, give exact location)
(Hour 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
While At Work Not While At Work		
) attended the deceased from	askill 10 19 7210	meey 9 1972
dolive on april	M - 172	
		-Fillian assis accourse on the do
	iew ine body difer death.	238, DATE SIGNED
All relies to Atte		6/0/5
DEGREE	L ~ UCI Director L.J Phys. L.J	1 3/9/11
KOLMAN	6821 REISTERSTOWN ROAD	
DEGREE		
		(City, town, or county) (Stotel
KODOLEK AEKETIA	MODELIALE, MAI	TUTUU
25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	
	AL OR INSTITUTION, GIVE STREET ATION) JE AL OR INSTITUTION, GIVE STREET ATION) JE ATION) AL OR INSTITUTION, GIVE STREET WIDOWED DIVORCED DIVORCED SELF EMPLOYED Ces? SOIAL SECURITY NO. 212-26-6505 CAUSE OF DEAT RECTLY dying, e.g., the disease, death.] (A) IMMEDIATE CAN DUE TO, OR AS DUE TO, OR AS DUE TO, OR AS ON AS	AL OR INSTITUTION, GIVE STREET AND NUMBER 4906 NELSON AVENUE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED 8/2/1892 7. MORRIED NEVER MARRIED 11. BIRTHPLACE (Stole of loseign causity) SELF EMPLOYED RUSSIA 14. MOTHER'S MAIDEN NAME UNKNOWN COST 6 of service) 16. SOCIAL SECURITY NO. 212-26-6505 ARS. RACHEL WARTZMAN, 490 CAUSE OF DEATH RECTLY dying, e.g., fine disease, death.] AL MARRIED NAME OUT O, OR AS A CONSEQUENCE OF: (8) DUE TO, OR AS A CONSEQUENCE OF: (18) DUE TO, OR AS A CONSEQUENCE OF: (19) DUE TO, OR AS A CONSEQUENCE OF: (20) DUE TO, OR AS A CONSEQUENCE OF: (21) DUE TO, OR AS A CONSEQUENCE OF: (21) DUE TO, OR AS A CONSEQUENCE OF: (22) DUE TO, OR AS A CONSEQUENCE OF: (23) ADDRESS (24) RESTERSTOWN ROAD DECORRED 240 DORNE OF TOTAL TOT

VS 150-REV. 1/1/68

Notes of Marcola and

SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD



FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1 250	BALTIMORE CITY	HEALTH DEPARTMENT		20 01-
BIRTH NO. 72 04525	CERTIFICA	TE OF DEATH	REG. NO	72 04525
1. NAME OF DECEASED B.			ID HOUR OF DEATH	
(Type or Print) NELSON LASS	ON	5/9	7/72	7:45 AM.
3. PLACE IN BALTIMORE, MARYLAND, WHERE P	RONO UN CED DEAD	A. STATE B. COUN	re deceased lived. If institu	ution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR	INSTITUTION, GIVE STREET	MARYLAND		2720
HOSPITAL OR INSTITUTION	,	C. CITY OR TOWN	D. INSIDE	CITY LIMITS?
Smai Ho	Sp.	BALTIMORE	Y	ES NO
42		E. STREET AND NUMBER 6110 BILTM	ORE AVENUE #21	1215
5. SEX 6. RACE 7. MAI	RRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years I lost birthday)	f Under 1 Yr. If Under 24 Hrs.
	OWED DIVORCED	MAY 27, 1908	63	
IOA. USUAL OCCUPATION (Give kind of work 10B, KII done during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or force	gn countryl 1	2. CITIZEN OF WHAT COUNTRY?
	AT LAW	BALTIMORE, N	MARYLAND	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ME	
MORRIS LASSON			ANNE GERBER	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of ser	vice) 1 6- SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO	217-32-9439		ASSON, 6025 HI	GHGATE DR.#21215
18. 4-10,0	CAUSE OF DEAT	•		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ACUIL	E MYOCARDIA	L INFARCTI	SMIN
(This does not mean the mode of dyling.	e.g., (A) IMMEDIATE CAU	ISE A CONSEQUENCE OF:	***	******
heart failure, astheria, etc. It means the dis Injury or complication which caused death.)	sease,			
ANTECEDENT CAUSES	HA50			IOYRS
DISEASES OR CONDITIONS, it any,		A CONSEQUENCE OF:		***************************************
rise to the above cause (A) stating UNDERLYING CONDITION last.				
14	(c)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUT	IING			
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART I (A).	INAL			
19A. DATE OF OPERATION 19R CONDITION WAS PERFORMED		20A. AUTOPST? (Yes of No.	10 CERTIFYING CAUSE	DINGS CONSIDERED S OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) O 210-TIME (Month) (Day) (Year) (Hour)	21& PLACE OF INJURY (e.g., in home, farm, foctory, street, of etc.)	n or about 21C, WHERE DID fice bidg., INJURY OCCUR?	(If In Baltimare Ci	ity, give exact lacation;
OF INJURY (Month) (Doy) (Year) (Hour)	21 E INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR!	
(APPROX)	While At Not While At Work			
22. 1 certify that (1) (this heaptral) atten-	ded the deceased from	1	965 to 5/	9 19 22
that (1) (me) last saw the deceased alive				n death accurred on the date
and haur and from the couses stated aba	A -			
23A. SIGNATURE		/	23	R. DATE SIGNED
BR Shower	Physic	Med.	Stoff Phys.	5/9/72
23C.PHYSICIAN'S NAME (Type)	DEGREE	3D. ADDRESS	rnys. —	17.
ERNARD R.	RSHOCKET	6804 PARK HEI	GHTS AVENUE	
24A. BURIAL CREMATION, 24B. DATE 2	4C. NAME of CEMETERY OF CRE	MATORY 24D. LO	CATION (City, 1	own, or county! (Stote)
BURIAL 5-10-72	SHEARITH ISRAE	-10		
	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	TIMORE, MARYLA	ADDRESS
	Jaben M.D.		BROS6010 F	REISTERSTOWN ROAD
VS 150-REV. 1/1/68	1 11 11	3 5 0 0		

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PVE 2 COST SPENANCE TO

C 32	BALTIMORE CITY	HEALTH DEPARTMENT	/	
BIRTH NO. 72 04526 5	AVITZ CERTIFICA	TE OF DEATH	REG. NO.	2 04526
1. NAME OF DECEASED			HOUR OF DEATH	
LEUN	240172	5-	9-72	10 AM M
3. PLACE IN BALTIMORE, MARYLAND, WHER	E PRONOUN CED DEAD	IN STATE & COUNTY	doceosed lived. If institu	tion: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL (HOSPITAL OR ADDRESS OR LOCATION	OR INSTITUTION, GIVE STREET	pred.	PALTO	5300
INSTITUTION	2 / .	C. CITY OR TOWN	2	CITY LIMITS?
KSinai Hospital	of Baltomore	E. STREET AND NUMBER	YE	S NO
		4501 Seofs	Level Ct	# 2/208
5. SEX 6. RACE 7. A	MARRIED NEVER MARRIED	8. DATE OF BIRTH 9.	AGE (In years If	Under 1 Yr. If Under 24 Hrs. onths; Doys Hours Min.
	DOWED DIVORCED	7-15-89	st birthdoy) 8 2 M	onins Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. done during most of working tife, even it retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country) 1:	2. CITIZEN OF WHAT COUNTRY
TAILOR	SELF EMPLOYED	RUSSIA		USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
SCHMUEL LAIB SAVITZ		Unk	nown	
15. Was Deceased Ever in U. S. Armed Forces? (Yas, no or unknown) (If yes, give wor or dates of	service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO NO		MRS. BESSIE WEIN	TRAUB, 4501	SCOTTS LEVEL CT.
18.	CAUSE OF DEATE	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECT	LY Caro	li kespirato	ry access	
(This does not mean the made of dvir	ig. e.g., (A) IMMEDIATE CAU	SE / A CONSEQUENCE OF: /	4	******
heart failure, osthenia, etc. It means the injury or complication which caused deal	aisease,	10	1/	
ANTECEDENT CAUSES	Lak	ge bowel of	struction	
DISEASES OR CONDITIONS, if any,	giving DUE TO, OR AS	A CONSEQUENCE OF:		
ise to the above couse (A) state UNDERLYING CONDITION last.	ing the	of the cato	2	

O OTHER SIGNIFICANT CONDITIONS CONTRIL	BUTING			
OTHER SIGNIFICANT CONDITIONS CONTRIBETORY TO THE DEATH BUT NOT RELATED TO THE TE DISPLACED TO THE TE OTHER SIGNIFICANT CONDITIONS CONTRIBETORY TO THE TENTON	A).	[20A. AUTOPSY? (Yes or No)]	208 15 Vec 11905 511	
WAS PERFORM	ED Ca Colon	TOTAL MOTORS OF ITON	208, IF YES, WERE FIND IN CERTIFYING CAUSES	OF DEATH?
OR CONTRIBUTING TACAUGE OF	21 B. PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If In Boltimore Ct	y, give exect location)
DEATH (notify medicot exomined) 21D.TIME (Month) (Doy) (Yeorl (Ho	home, form, foctory, street, off	ice bidg., INJURT OCCUR!		
OF INJURY (Month) (Doy) (Year (He		21F. HOW DID INJUR	Y OCCUR?	
< (APPROX.)	While At Not While			
22. I certify that (I) (this haspital) att	ended the deceased from	5-8 19	72 10 5 -	9 19/2
that (i) (we) lost saw the deceased old		19 72 and that	in(my) (aur) apinion	death occurred an the date
ond hour and from the couses stated o	bove. (1) (We) (did) (did not) vi		,	
23A. SIGNATURE	2 2		23 6	DATE SIGNED
Muller	Mc J. After Phys.	Iding Med. Sta	ff. \square	
23C. PHYSICIAN'S NAME (Type)		3D. ADDRESS	(-	0 1
1 COGELIO	LIBO-ON M.T.	Sinai Ho,	sprital of	Bultimore
24A- BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CRE	MATORY 24D. LOCA	ATION (City, to	wn, or county) (Stoto)
BURIAL 5-10-72	HAR ZION TIFERETH		EDALE, MARYL	AND
	NAME OF REGISTRAR	SOL LEVINSON &	BROS - 6010 P	EISTERSTOWN ROAD
MAY 12 1972 106	Bert E. Jarber M. D. &		-1.00 · 100 10	DESCRIPTION OF THE PROPERTY OF

VS 150-REV. 1/1/68

BALTIMORE CITY	HEALTH	DEPARTMENT

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	3 6	F 1		4 I			ГІ	JE.	Δ		_

REG. NO.	72	04527	
-			_

	ATE OF DEATH REG. NO. 72 04527
I. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
(Type of Print) ERNEST E. HEINZE	9 11AV 22 1101 30 P.
3. PLACE IN BALTIMORE, MARYLAND, WHERE FRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	MO 2745
INSTITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS? YES A NOT
MD. GEN HOSP	E. STREET AND NUMBER
7.17. 00	20 29 ENORTHERN PKWY
5. SEX 6. RACE 1 1 17. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years III Under 1 Yr. II Under 24 His
WIDOWED DIVORCED	6/2//893
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY
Salesman	CANADA USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Albert Heinze	Marguerite LeCompte
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
Testing of unknown uit yes, give war or dotes of service) SECURITY NO. 216-09-05-08	MRS HEINZE FIME
18. 4 4 CAUSE OF DEAT	H APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH	USE C.V.A.
heart failure, asthenia, etc. It means the disease,	A CONSEQUENCE OF:
injury ar complication which caused death.)	ation Harly A-
ANTECEDENT CAUSES (B)	your charestant
DISEASES OR CONDITIONS, il any, giving tise to the abave cause IA) stating the UNDERLYING CONDITION last. (C).	A CONSEQUENCE OF CUSPOSEULON
Ш	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994. DATE OF OPERATION 1988. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., i	or about 21 C. WHERE DID (If in Baltimore City, give exact location)
DEATH (notify medical examined etc.)	Ace bidg. INJURY OCCUR?
21D.TIME (Month) (Doy) (Yeos) (Hous) 21E. INJURY OCCURRED OF INJURY While At I Not While	21F. HOW DID INJURY OCCUR?
(APPROX.) While At Not While Work At Work	•
22. I certify that (1) (this hospital) attended the deceased from	101 a 9 19 72 to ma 1 19.22
that (1) (we) last sow the deceased alive on Man 9	19 22 and that In(my) (our) opinion death occurred on the date
and hour and from the causes stated above. (1) (We) (dld) (dld not) v	view the hady after death.
23A. SIGNATURE	238, DATE WONED
Phys	anding Med. Staff Staff Staff Staff
TOC BLUCK CLANCE	23D. ADDRESS
SHERMAN MINITE	MI GEN 160511
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	EMATORY 24D. LOCATION (City, town, or county) (State)
Burial 5/13/72 Woodlawn Cemeter	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
MAY 12 1972 Paber E. Jaber R. 20	Leonard J. Ruck Inc. 5305 Harford Rd. 2121

THE STATE OF THE S 4 1 1 1 1 1 1 1

VS 150-REV. 1/1/68

Spus latidsod a

BALTIMORE CITY	HEALTH DEPARTMENT 72 04528				
William J. Barnes (E) CERTIFICA	TE OF DEATH REG. NO.				
I, NAME OF DECEASED	12. DATE AND HOUR OF DEATH				
(Type or Print) is M. J. BARNES	9 MAY 1972 1 700 PM				
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institutions residence before admission) A. STATE B. COUNTY				
FULL NAME OF OF HOT IN HOSPITAL OR INSTITUTION, GIVE STREET	MD 2631				
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?				
-8	E STREET AND NUMBER				
MD. GEN. HOSP,	5938 KAVON AVE				
S. SEX 6. RACE 7. MARNED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In years lost birthday) 11 Under 1 Yr., If Under 24 Hrs. Months Days Hours Min.				
10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY	11. SIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
done during most of working life, even trained retart Cummins Hart Co	· m P USA				
	14. MOTHER'S MAIDEN NAME				
William Barnes	Elsie Hart				
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (if yes, give war ar dates at service) SECURIT NO.	Misorwaliginia Barnes ADDRESS				
NO 220-07-4927	DAUGHTER OF PT (ADMISSION SHEE,				
18. CAUSE OF DEATH	APPROXIMATE INTERVAL				
DISEASE OR CONDITION DIRECTLY	CI BURENIG 2 12 15 + C				
(A)MMEDIATE CAU	A CONSEQUENCE OF:				
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	A CONSEQUENCE ON				
ANTECEDENT CAUSES	ENAL FAILURE ACUTE T.D. BUECKS				
DISEASES OR CONDITIONS, If any, giving DUE TO, OR AS	A CONSEQUENCE OF:				
underlying condition lest, (c)	KIDNEY				
The state of the s					
S OTHER SIGNIFICANT CONDITIONS CONTRIBUTING THROA	MBOCYTOPENIA, SEPSIS 3WEEKS				
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF DEFEATION 19R. CONDITION FOR WHICH OPERATION WAS PERFORMED VALUE OF THE CONTRIBUTION OF THE TERMINAL OF THE TERMINAL THE TERMINAL OF THE TERM	20A AUTOPST? (Yes or No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
U 21A ACCIDENT WAS UNDERLYING T 21B PLACE OF INJURY (e.g., in					
U 21A ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in forcing, street, of DEAYH (notify medical examined) While At Not While	Ree bldg. INJURY OCCURY				
O 21D-TIME (Month) (Doy) (Year) (Hour 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR				
(APPROX.) Work At Work	· 🗆 📗				
	70 Hail 1927 10 9 poly 192				
that (1) (we) lost saw the deceased alive an 9 MJ	19and that In(my) (our) opinion death occurred on the date				
and hour and from the causes stated abave. (1) (We) (did) (did not) v					
23A. SIGNATURE	anding Med. Stuff Q				
Deman lakan begree Phys	s. Director Physical May				
23C.PHYSICIAN'S HAME (Type)	23D. ADDRESS				
SHERMEN CHIEN MIDEGREE	M. VEN, 105/				
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CRE					
Burial 5/13/72 Gardens of Faith					
MAY 1 2 1972 Pales & Jabes & Jabes & J.	Leonard J. Ruck Inc. Balto. Md.				

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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased 闪	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	10 0	written approval must be obtained before the remains are embalmed or final disposition is made.
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04529	BALTIMORE CITY HEALTH DEPARTMENT
0.1000	CERTIFICATE OF DEATH

REG. NO	72	04	5	2	9
110.			_	_	_

Trees on Bright	EASED		CERTIFICA		DATE AND HOUR OF DEA	тн		
(Type or Print) Jacob Portman			5/9/72	12:20 P. M				
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION		4. USUAL RESIDE A. STATE Md.	NCE (Where doceased lived, I B. COUNTY	finstitution: residence before admission				
		Baltimore	D. I	NSIDE CITY LIMITS?				
3307 Southern Ave.				E. STREET AND NUMBER 3307 Southern Ave.				
. sex	6. RACE W	7- MARRIED WIDOWED		6/21/1905	9. AGE (In yours lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.		
ane during mast al	NUSUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) Ret. Pot. Manager			Md.	tote at faroign country)	12. CITIZEN OF WHAT COUNTRY		
3. FATHER'S NA	ME			14. MOTHER'S MA	AIDEN NAME			
	George Portma	n		Amelia	Schafline			
S. Wos Docoosed res, no or unknown NO	(If yos, give wor or doto	ces? s of sorvice)	16. SOCIAL SECURITY NO. 219-12-5092	Mrs. Grac	e Portman	ADDRESS Same		
DISEASES rise In In UN DERLYIN OTHER SIGNI TO THE DEA UNDATE OF	ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) G CONDITION last. II FICANT CONDITIONS CONDITIONS CONDITION GIVEN IN PAR FOREATEON 109 CONDITION GIVEN IN PAR FOREATEON 109 B. CONDITION CONDITION GIVEN IN PAR FOREATEON 109 B. CONDITION CO	any, giving slating the NTRIBUTING HE TERMINAL	(B) DUE TO, OR AS	A CONSEQUENCE	OF: OF OF NO 20B. IF YES. WE	RE FINDINGS CONSIDERED		
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF	DIB	PLACE OF INJURY (o.g., i o, larm, factory, street, a	n or about 21 C. WHE	ERE DID (If in Bolti	CAUSES OF DEATH?		
21A. ACCIDE OR CONTRIB DEATH (notily) 21D. TIME OF INJURY (APPROX.)	NT WAS UNDERLYING UTING CAUSE OF	(Hour) 21E. Wh	PLACE OF INJURY (o.g., io, larm, factory, street, o INJURY OCCURRED ile At Not While At Work	n or about 21C. WHE INJURY C	ERE DID (If in Bolti	CAUSES OF DEATH? more City, give exect locetian)		

MAY 12 1972 Paber E. Jaber A. A. 150-REV. 1/1/68

Leonard J. Ruck Inc. 5305 Harford Road 21214

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72 (34530		BALTIMORE CITY	HEALTH DEPARTMENT		72 04530
BIRTH NO.			CERTIFICA	TE OF DEATH	REG. NO	72 03000
I. NAME OF DE	CEASED					
(Type or Print)	Mr Andre	(muth		AND HOUR OF DEATH	
3. PLACE IN BA	LTIMORE, MARYLAND,	WHERE PRONC	MINCED DEAD	LA TISHAL BESIDENCE (W	lay 9, 1972.	M
	,	THERE I KONG	JONELD DEAD	A. STATE B. CO	UNTY	stitution: residence before odmission
FULL NAME OF HOSPITAL OR	(IF NOT IN HOSPI	TAL OR INSTIT	TUTION, GIVE STREET	1 Vary	in P	Saltimore. Com
NOITUTION	ADDRESS OF FOC	ATION)		C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
8 100	0 1	1		Baltin	11-0	YES NO NO
IVIa	ranks 1	(News	al Hartel	E. STREET AND NUMBER		/
1.100	and.	0 00 09	re 170 july	1 25 16 Wa	ter Oak	pd. 5-300
5. SEX	6 RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	II Under 1 Tr. , II Under 24 Hrs.
Male	White	WIDOWED		7/22/18	lost birthdoyl 53	Il Under 1 Tr. Il Under 24 Hrs. Months Doys Hours Min.
OA. USUAL OCC	UPATION (Give kind of wor			11. BIRTHPLA CE (State or fo	73	
solle dorling most of	working nie, even it retired)	1				12. CITIZEN OF WHAT COUNTRY
	r Mechanic			Balto.	Md.	USA
3. FATHER'S NA	ME			14. MOTHER'S MAIDEN N	AME	1
	Charle	s Muth	ì		Mary B	urnham
5. Was Deceased	Ever in U. S. Armed Fo	rces?	1 6. SOCIAL	17. INFORMANT		
les, no of unknown	(If yes, give wor or dote	es of servicel	SECURITY NO.			ADDRESS
Yes	WW2Ar	my	213-03-5035	Mrs. Charlotte	E. Muth	(Sa me)
18. / 5 =	X		CAUSE OF DEAT	1		APPROXIMATE INTERVAL
DISEA	SE OR CONDITION DI	RECTLY		100 / 1 /		BETWEEN ONSET AND DEATH
	LEADING TO DEATH		(A) IMMEDIATE CAU	e Metactatic	Callingra	
(This does a	nol mean the made of astheria, etc. It means	dying, e.g.,	(/	A CONSEQUENCE OF:	Cd. (Llohab)	
injury ar can	asinema, eic. 11 means iplicolian which caused	deoth.)		1110	() (
	ANTECEDENT CAUSES			OI I've	Color	
	OR CONDITIONS, II		(B)	A CONSEQUENCE OF:		
rise to the	abave cause (A)	any, giving	DUE 10, OK AS	A CONSEQUENCE OF:		
UNDERLYING	G CONDITION last.		(c)			
	11					***************************************
OTHER SIGNIF	CANT CONDITIONS CO	NTRIBUTING				
IO THE DEAT	H BUT NOT RELATED TO TO ONDITION GIVEN IN PAR	HE TERMINAL	************************			
OTHER SIGNIF TO THE DEAT DISEASE OR C 19A. DATE OF	OPERATION 198 CON	DITION FOR V	WHICH OPERATION	20A. AUTOPST? (Yes or I	No) 208 IF YES WERE E	INDINGS CONSIDERED
	WAS PERI	FORMED		No	IN CERTIFYING CAU	INDINGS CONSIDERED
21A. ACCIDEN	T WAS UNDERLTING] 21 B.	PLACE OF INJURY (e.g., in	or about 21C WHERE DID	48 1 9 51	
	TING CAUSE OF	hom	o, form, fociory, street, off	ice bldg., INJURY OCCUR?	(II In Bottimore	City, give exact location)
. The thousand		aic.				
DEATH (notify	(Month) (Doy) (Teor)		INJURT OCCURRED	21F. HOW DID IN	JURY OCCUR?	
(APPROXI		Whi	ile At Not While			
22 1	4 . (1) (4) 1					
22. I certify	that (1) (this hospital) attended th	ne deceased fram	3/6/	19 72 to 5	19 72
	last saw the decease		3/7	19 72 ond t	hat in (my) (our) apin	ion death occurred an the date
and haur and	fram the causes stat	ed obave. (1) (We) (did) (did not) vi	ew the body ofter deoth		
23A. SIGNATU	RE I I	C.1	14 A			238, DATE/SIGNED
1 100	Colonel 11	11.~	/// Atten	ding Med.	Staff For	5/0/22
23C. PHTSICIA	N'S.	· Illac	DEGREE Phys.		Phys.	>19/12
NAME (T)	pel A		1/1/	3D. ADDRESS	C 0	(1)
IVI	charl H.	lilueun	NU N DEGREE	Mauran	(reveral	Hostital.
REMOVAL (S	MATION, 248. DATE		ME of CEMETERT OF CREA	MATORT / 24D.	LOCATION (City	, fewn, or county) (Stole)
Burial	5/12/7	2. Pa	rkwood Cemeter	7		
	BT HEALTH DEPT.	258 NAME O			Baltimore, N	
VALL		NO Z	Ben RA O	25C. FUNERAL DIRECTO	Ruck, Inc. B	alto. Md. 21214
S 150-REV. 1/1/6		ETE CH VA	46	0 5 7 8	,	
3 13U-KEV. 1/1/6	8					

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(5) Deceased a hospital and

cause

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3.

	TE OF DEATH REG. NO. 72				
	ATE OF DEATH REG. NO.				
1. NAME OF DECEASED LA FLAME Mus IDA	2. DATE AND HOUR OF DEATH				
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, if institution				
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION	Maryland				
INSTITUTION	C. CITY OR TOWN				
6 hunch Home & Hospital	Balt6. YES				
5 6 hunch Home & Hospital 100 North Broodway.	3008 Hamilton Ave				
5. SEX 6. RACE White . 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF SIRTH 16 9. AGE (in years lost birthday) 16 Month				
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRI done during most of working life, even if retired)	RY 11. BIRTHPLACE (Stole or lareign country) 12. CI				
PACTICAL NURSE + HIAR DRESSER	Maryland				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
John XXXXX WALTER	GRACE FLEMING				
5. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO.	17. INFORMANT				
No 220 189978	Mrs. Grace Fleming 6504 I				
18. CAUSE OF DEA					

If Under 24 Hrs. 10 TIZEN OF WHAT COUNTRY? do USA 13. 15. (Ye ADDRESS och Hill Rd. APPROXIMATE INTERVAL TEIZMINH STATE of Concer EDIATE CAUSE of the OVARY. BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

CANCER OF the OVARY.
HIATHL HERNIA - URINARY (This does not mean the made of dying, e.g., heart failure, asthenia, etc. Il means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, il any, giving DUE TO, OR AS A CONSEQUENCE OF: the abave cause (A) stoling the TRACT INFECTION-UNDERLYING CONDITION last CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, loctory, street, office bldg., INJURY OCCUR? (If In Boltimore City, give exact location) MEDICAL DEATH (notily medical examined (Month) (Doy) (Year) 21D. TIME (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While At Work (APPROX) Work 22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last saw the deceased alive on and that in (my) (our) opinion death accurred on the date and haur and from the causes stated above. (1) (We) (dld) (dld not) view the body after death. 23A, SIGNATUR 23 B. DATE SIGNED Attending Director 23C. PHYSICIAN'S 23D. ADDRESS 100 North . BRoodway

24A. SURIAL CREMATION, REMOVAL (Specify) Burial Parkwood Cemetery 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR

Baltimore Maryland

25C. FUNERAL DIRECTOR

24D. LOCATION

Ride A E Falle VS 150-REV. 1/1/68

Leonard J. Ruck Inc. 5305 Harford Rd.

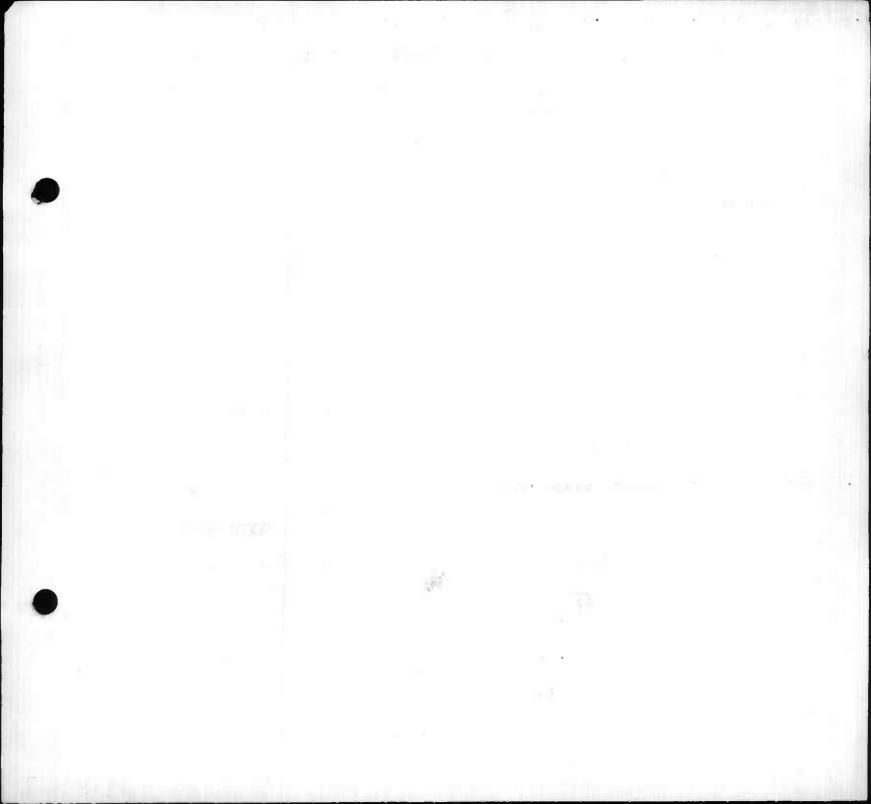
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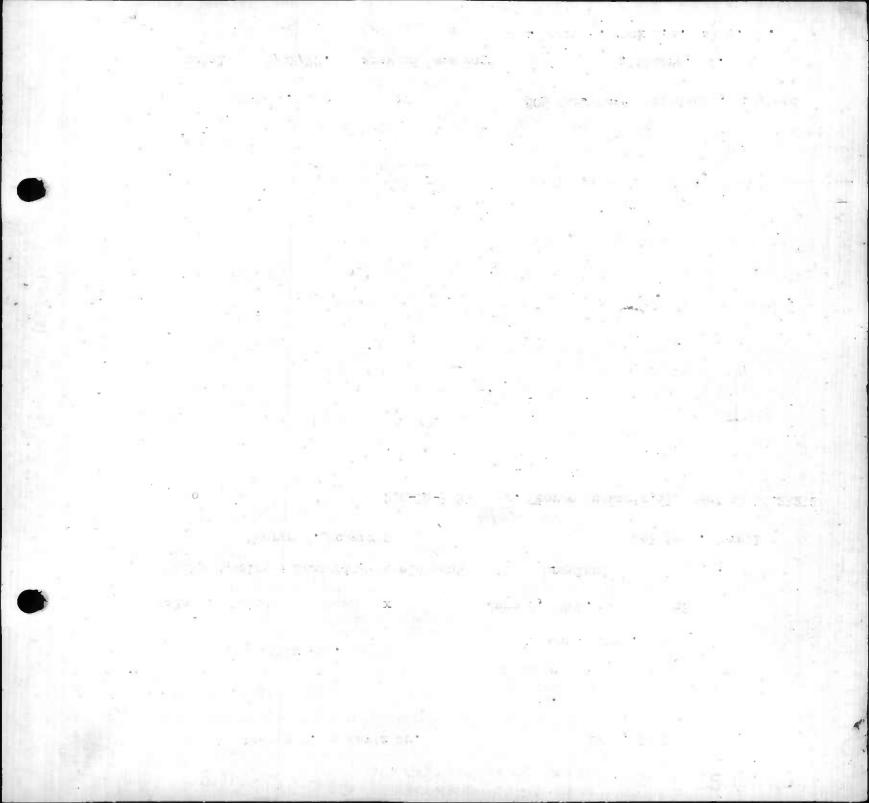
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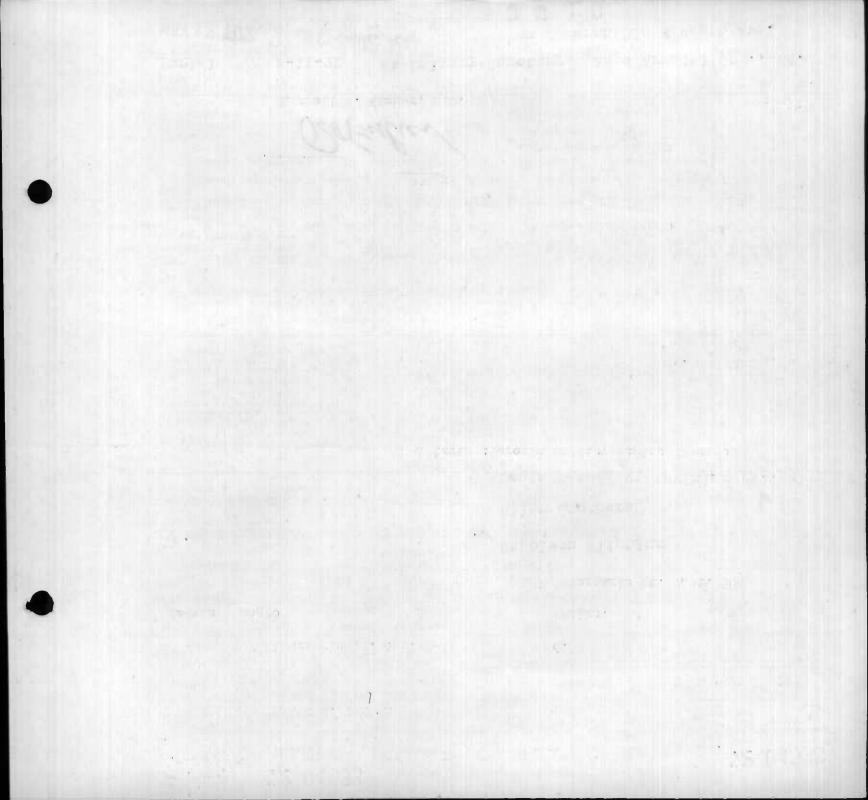


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BIRTH NO.	2 04532		CERTIFICA	TE OF DEATH	REG. NO.	72 (4532
Type or Print)	George D.	Schwartz	Sr.		ay 9, 1972	
3. PLACE IN B	ALTIMORE, MARYLAND, W	HERE PRONOUN	CED DEAD		Where deceased lived. If is	nstitution: rosidence before edmissi
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)			Md.	YTAUC	903	
			Baltimore		IDE CITY LIMITS? YES NO ■	
00	816 Venable A	ve.		816 Venable		
5. SEX	6. RACE	7- MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In yours	If Under 1 Yr. If Under 24 H Months: Deys Hours Min.
Male	White	WIDOWED 🔀		June 8, 1904.		
	CCUPATION (Give kind of wer of working life, even if retired)	10B, KIND OF B	JSINESS OR INDUSTR	11. BIRTHPLACE (State of	fereign country)	12. CITIZEN OF WHAT COUNT
City	Housing & Com	munity De	velopment	Maryla	ind	USA
13. FATHER'S N		Calananta		14. MOTHER'S MAIDEN		D
	George F.	SCHWALTZ			Nellie B	• DOMETT
5. Was Decee: Yos, no or unkno	sod Ever in U. S. Armed For own) (If yos, give wer or dote	es of sorvice!	security No.	Mr. George S	chwartz,515 M	address ardock Rd.21212
DISEASES TISE IG UN DERLY OTHER SIG TO THE DI DISEASE O 19A. DATE 21A. ACCI OR CONTR DEATH (no	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise la the above cause (A) stoling the UNDERLYING CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner) 21B. PLACE OF INJURY (o.g., indeed, of the part of the par			20A. AUTOPSY? (Yes er No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Beltimere City, give exect lecetion)		
	OF INJURY While At Not While			le 🖂		4
		Werk	L At Work	Of ()	71 2	10
that (I) (and hour 23A. SIGN	CIAN'S	ed olive on	2-25 We) (dld) (did not)	view the body ofter dea		inian death occurred an the o
	Lawrence C. Po		MD			ore, Maryland
REMOVA	CREMATION, 24B. DATE		E of CEMETERY or CI			ity, town, er county) (Stote
25A. DATE REG	Lal 5/12/72	25B. NAME OF	wood Cemeter	25C. FUNERAL DIREC	Baltimore,	Md •
DAIL KE	MAY 18 1972 0	Bus & 3	Ben M.D.		J. Ruck Inc.	23
/S 150-REV. 1/	/1/68	-	F- 1,1	0 0		

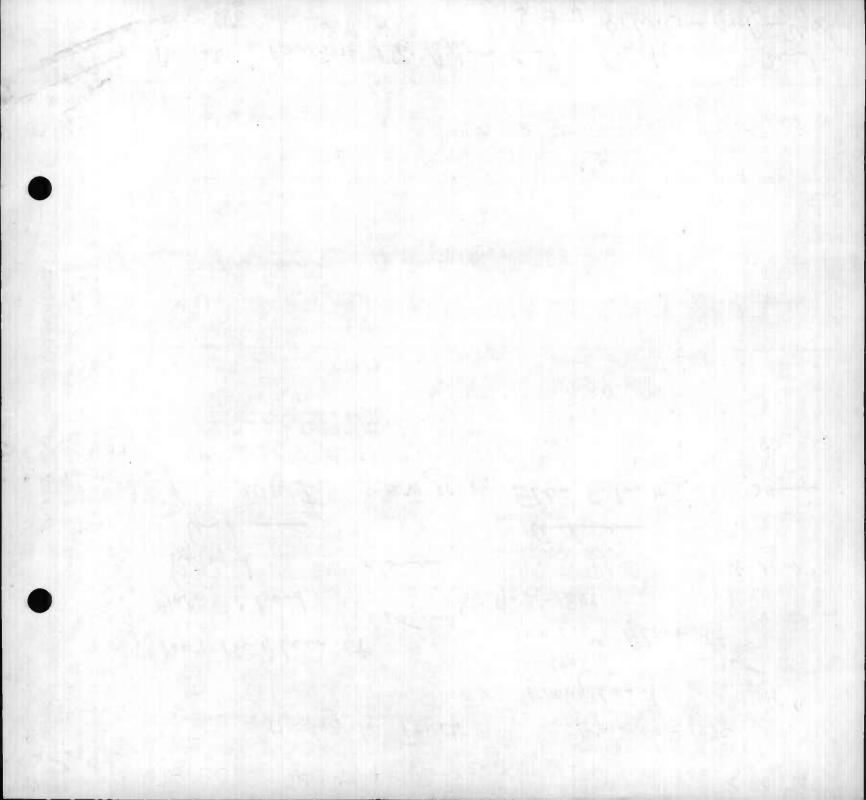


6. SEX 9. DATE OF BIRTH 11. BIRTHPLACE (State or foreign country) 4A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even if retired) 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dates of service) Pl., Bklyn APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH UNDERLYING CONDITION LAST. (c)_ CATIO 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). CERTI 20 A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exact location) hame, form, factory, street, office bldg., etc.) INJURY OCCUR? **EXTERNAL CAUSE WAS** UNDERLYING TOR CONTRIB-UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Hour) 22E.INJURY OCCURRED (Yeor) 22F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE I (APPROX.) AT WORK WORK I certify that I held an Inquiry Inspection & Autopsy and that on this basis, death in my apinian resulted fram: Natural causes X Suicide Hamicide Accident ___ Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE ASSOCIATE MEDICAL EXAMINER **EXAMINER'S** 5-8-72 Russell S. Fisher, M.D. NAME (Type) 24A. BURIAL CREMATION, 24C. NAME of CEMETERY or CREMATORY 24B. DATE 24D, LOCATION (City, town, or county) REMOVAL (Specify) Mt Calvary Cemetery Burial Anne Arundel 258. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR Wm C March 928 E North Ave.

VS 151-REV. 1/1/68

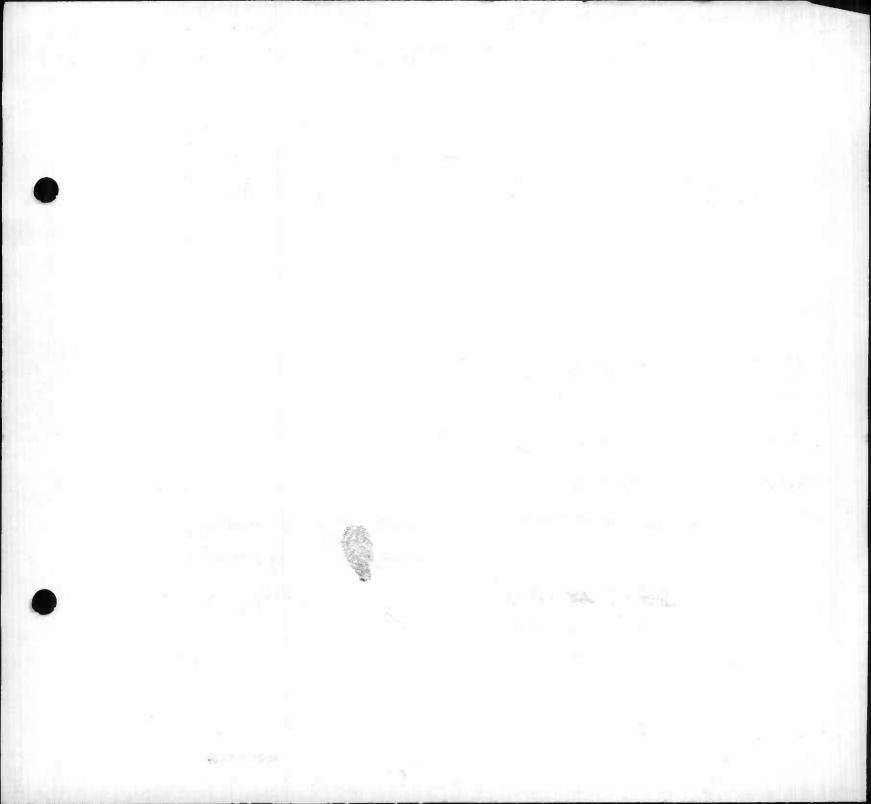


T> 100 63508	BALTIMORE CITY	HEALTH DEPARTMENT		72 04534
7-630 72 04534	CERTIFICA	TE OF DEATH	REG. NO	16 09 109
T, NAME OF DECEASED (Type or Print) HALLEY R.	Truitt	2. DATE AND	HOUR OF DEATH	72 M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	OED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If ins	filution; residence belong admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	ON, GIVE STREET	C. CITY OR TOWN	D. INSIE	DE CITY LIMITS?
Ploop Mc Aleen ot.		E. STREET AND NUMBER	1.	YES NO NO
		1007 MC	HLeen (If Under 1 Yr. , If Under 24 Hrs.
Male Calored WIDOWED	NEVER MARRIED DIVORCED	9-2-1896	ost birthday) 76	Months Doys Hours Min.
done during most of working life, even if retired)	USINESS OR INDUSTRY	111. BIRTHPLACE (State or foreig	gn country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	NE .	
15. Was Deceased Ever in U. S. Armed Forces?	6. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO. 234-3963	Ellen E. j	Trutt	SAme
18.4/0.01	CAUSE OF DEAT	H	ESEMENT	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A)IMMEDIATE CAL	SE CARAMARY	7HEAN BO	318 4/24/72
(This daes not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	DUE TO, OR AS	A CONSEQUENCE OF:		7,100,100
ANTECEDENT CAUSES	(a) A	Y PERTENSION	,	
DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) slating the				
UNDERLYING CONDITION last.	(c) CA	ADIO VASCUL	or Disen	42
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).				
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WH WAS PERFORMED	ICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE F	INDINGS CONSIDERED
OR CONTRIBUTING CAUSE OF CEC.) 27 A. ACCIDENT WAS UNDERLYING 21B. PL home, CDEATH (notify medicol exominer)	ACE OF INJURY (e.g., i form, foctory, street, or	n ar obout 21 C. WHERE DID (fice bldg., INJURY OCCUR?	(If In Boltimore	City, give exoct locotion)
OF INJURY While	NJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
(A PPROX.) While Work	At Work			
22. I certify that (I) (this hospital) attended the	4			4/23 1972
that (I) (we) last saw the deceased olive an			it in (my) (our) apir	ion death accurred on the date
and hour and fram the causes stated abave. (1) (23A. SIGNATURE	(We) (did) (did nat) v	riew the bady after death.		23B, DATE SIGNED
Rose of of Agran	DE GREE Phy	anding Med. Director	Staff Phys.	4/23/72
23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS	> ==	
24A. BURIAL CREMATION, 24B. DATE 24C. NAM	DEGREE	EMATORY 24D. LC	CATION (Cit	y, town, or county) (Stote)
BUNAL APPLIATE PECINE BY HEALTH PER THE PER T	T. Aubur	2SC, FUNERAL DIRECTOR	alto.	2nd.
MAY 1 2 1972 Polas E. Farley M.	2000	Elang A	· W.6-	Cooc Builley And
VS 150-REV. 1/1768		0 - 4		Belte, ind.



This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the FUNERAL DIRECTOR: IMPORTANT

	NAME OF DECEASED		TE OF DEATH	HOUR OF DEAT	'H	
3.	PLACE IN BALTIMORE MARYLAND, WHERE PRI	ONOUNCED DEAD	14. USUAL RESIDENCE (Who	172	16:45 (
			A. STATE BY COUN	ITY	Transitionione residence before odmis	
HO	ULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	ASSITUTION, GIVE STREET	C. CITY OR TOWN	ID. 11	NSIDE CITY LIMITS?	
1	Good Samaritan Hospital		Baltimore E. STREET AND NUMBER		YES NO	
	5601 Loch Raven Boulevar			- 0 -		
5.		RIED NEVER MARRIED	1022 N. LUZE 8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24	
F	emale Coloned WIDON	WED DIVORCED	1-1-14	lost birthday	If Under 1 Yr. If Under 24 Months Days Hours Mi	
don	A. USUAL OCCUPATION (Give kind of work 108, KINI ne during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Sigle of fore	gn country)	12. CITIZEN OF WHAT COUR	
	FATHER'S NAME	Vone	Virginia		United State	
13.	1/)		14. MOTHER'S MAIDEN NA	ME		
15.	Was Deceased Eyer in U. S. Armed Forces?	SUN	JUSAN	,		
(Ye	s,no or unknown) (if yes, give wor or doles of servi		17. INFORMANT	1	ADDRESS	
1	18.	095-10-9770 CAUSE OF DEAT	William	hovis	SAME	
	DISEASE OR CONDITION DIRECTLY	0.000		1	APPROXIMATE INTERV BETWEEN ONSET AND D	
	LEADING TO DEATH		lute	2 1/5.		
	(This does not mean the mode of dying, e.g., haart failure, osthenia, etc. It means the disease, injury or complication which caused death.) (A) IMMEDIATE CAUSE (A) IMMEDIATE CAUSE (A) IMMEDIATE CAUSE (A) IMMEDIATE CAUSE (B) OR AS A CONSEQUENCE OF:					
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	DISEASES OR CONDITIONS, if any, giv	ving (B) DICE TO, OR AS	A CONSEQUENCE OF:	bathy	10415.	
		ving DUE TO, OR AS	tic Nephrop a consequence of:	itus	10 yrs.	
7	DISEASES OR CONDITIONS, if any, gives la the above cause (A) stating	ving ble to, or As the (c) Dia	tic Nephrop A CONSEQUENCE OF: 16 etc; Mell	itus	10 yrs.	
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direct o	J; (4) Un	th was	on the	written approval must be obtained before the remains are embalmed or final disposition is made.
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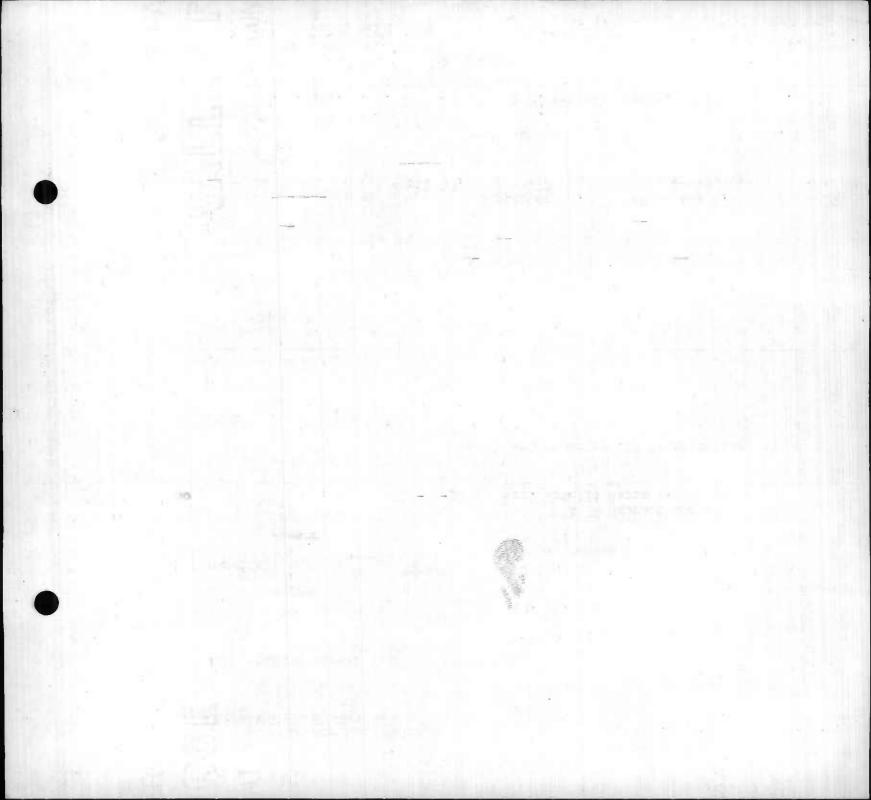
contributing occurred

hospital

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BALTIMORE CITY HEALTH DEPARTMENT 72 (4536 CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Pleanor Rose Walczak May 4, 1972 4. USUAL RESIDENCE (Where deceased lived. Il institution; residence before admission) 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD A. STATE Md. (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET FULL NAME OF HOSPITAL OR ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS Baltimore YES X NO 1406 Decatur Street E. STREET AND NUMBER 1h06 Decatur Street 9. AGE (In years 5. SEX 6. RACE B. DATE OF BIRTH Il Under 1 Yr. Il Under 24 Hrs. MARRIED NEVER MARRIED lost birthdoy 80 Hours Months Doys Feb. 12, 1892 DIVORCED WIDOWED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Poland Polish Housewife 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME SiKorsKi 1 6. SOCIAL 17. INFORMANT 1110 Haubert Street 15. Was Deceased Ever in U. S. Armed Forces (Yes, no or unknown) III yes, give wor or dates of service) SECURITY NO. Mrs. Estella Kaczmaryk (daughter) 5-09-3405 no CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY (A)IMMEDIATE CAUSE Arteriosclerotic heart disease LEADING TO DEATH (This does not meon the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart foilure, osthenio, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES (B)_______DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost. П OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B, IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? CERTIF none no 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B, PLACE OF INJURY (e.g., in or obout 21C, WHERE DID home, lorm, loctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exoct location) DEATH (notify medical examiner) MEDI 21 D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) At Work Work 22. I certify that (I) (this haspitel) oftended the deceased from September 18, 19 66 to May 4. that (I) (we) last saw the deceased alive an April 30. 1972 and that in(my) (300) opinion death accurred on the date and haur and fram the causes stated obave. (1) (We) (did) (did nat) view the body ofter deoth. 23 B. DATE SIGNED 23A. SIGNATURE Attending K Med. Staff May 4, 1972 Phys. Director L 23C. PHYSICIAN'S 23D. ADDRESS approv NAME |Type) C. C.Chiu, M. D. 1 E. Randall Street, Baltimore, Md. 21230 24C, NAME of CEMETERY of CREMATORY REMOVAL (Specily) 2055 Cemeter 25C FUNERAL DIRECTOR 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR

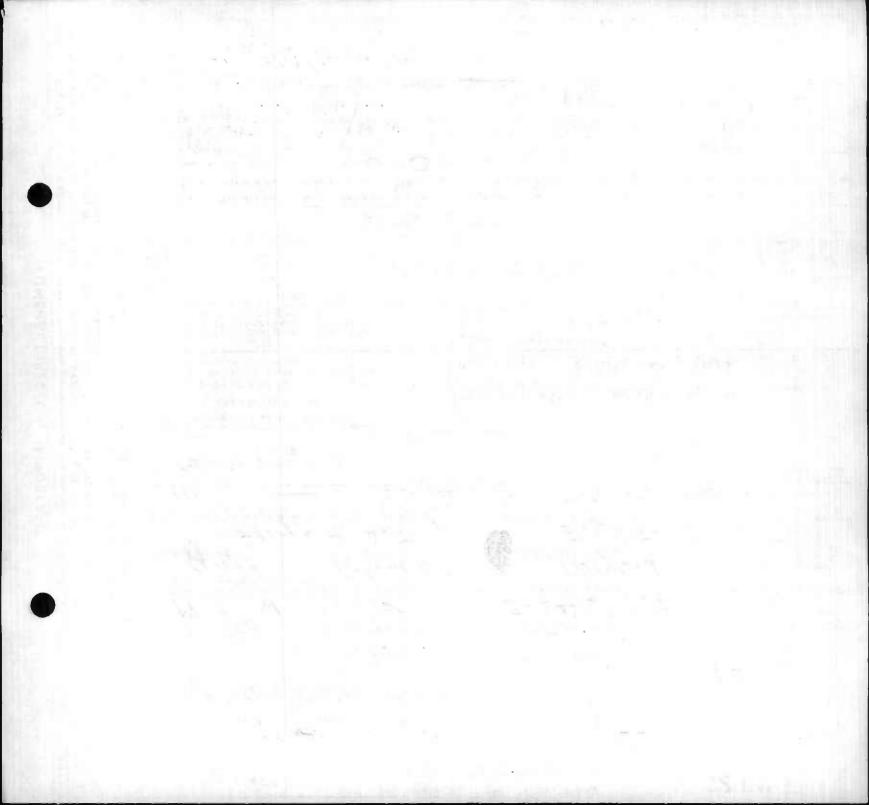
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased the follows: was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

CERTIFICATE OF DEATH			
CERTIFICATE OF DEATH	REG. NO.	14	0.1
BALTIMORE CITY HEALTH DEPARTMENT		72	na

	BALTIMORE CITY	HEALTH DEPARTMENT		72 04537
72 04537	CERTIFICA	TE OF DEATH	REG. NO	12 04001
I. NAME OF DECEASED				
Tune or Printly and	mg-re		ID HOUR OF DEAT	
George A. Anti	itz. Jr		5-7-72	3:20P N
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRON	OUNCED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. If	institution: residence before admission
		A. STATE B. COUN	ITY	1 > 11
FULL NAME OF (IF NOT IN HOSPITAL OR INST	TUTION, GIVE STREET	Mary land		1_) 1 4
HOSPITAL OR ADDRESS OR LOCATION)	The state of the s	C. CITY OR TOWN	IO 18	ISIDE CITY LIMITS?
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0	,	396 E. No	ant la dara	
SEX 6. RACE 7. MADDIC				
A / MARRIE	D NEVER MARRIED		9. AGE (In years lost birthdov)	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
// WIDOWE	DIVORCED T	3-24-16	56	
A. USUAL OCCUPATION Give kind of work 108, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole of fore	on country)	112. CITIZEN OF WHAT COUNTRY
ne during most of working life, even if retired)	_	The state of the s	/ Country)	12. CHIZEN OF WHAT COUNTRY
Police Bell	sere City	11/12/	1/241	21. 5, A.
FATHER'S NAME	1616 011	14. MOTHER'S MAIDEN NA	1010	0,0,11,
P		14 MOTHER'S MAIDEN NA	ME	
George A	74T/17	Elia	beth 1	DANGELYT
	1 -1 -1 -1	21/30	De de	
. Was Deceased Ever in U. S. Armed Forces? es, no or unknown) (If yes, give war or dates of service	SECURITY NO.	17. INFORMANT		ADDRESS
٨/-		John AnTIITS	11-12 C	Property Dealer
140	212-09-6404	1044 Hul/1/13	4302 00	zyoune Avenne
18. 198 21 4 571	CAUSE OF DEAT	1		APPROXIMATE INTERVAL
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DISEASE OR CONDITION GIVEN IN PART 1 (A).	G-CI	MACANLI NOME	e stin	
194. DATE OF OPERATION 198 CONDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or No	208 IF YES WERE	FINDINGS CONSIDERED
WAS PERFORMED			IN CERTIFYING C	AUSES OF DEATH?
19A-DAYE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	R BLACE OF WHITE			
	B. PLACE OF INJURY (e.g., in	ice bldg. INJURY OCCURY	(If In Boltim	ore City, give exect location)
DEATH (notify medico) exominer)	c.)			
ALC THE STATE OF T				
OF INJURY (Month) (Doy) (Year) (Hour) 21	E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
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V V	fork At Work			
22. I certify that (I) (this hospital) attended	the deceased from G	ent 21 1	972 10	May 7 19 72
		The state of		/
that (1) (we) last sow the deceased alive an	- Fluy	I 19 72 and the	of In (my) (our) of	olnion death occurred on the date
and haur and from the causes stated above.	(We) (did not) v	lew the hody ofter death		
23A. HGNATURE	7 (ala) (ala liai) A	on the body offer death,		
	MD			23B, DATE SIGNED
theamer to be	AVIANA Dhu	nding Med.	Stoff Phys.	411011 0 1917
23C. PHYSICIAN'S	DEGREE	3D. ADDRESS	rays, can	111111 811177
NAME (Type) N.F. Joaquin, M.	D.A	MA 11		D ()
()		Max IN Hospi	1	Paul CT BIN
A SUBJECT COSTANTION TO SEE COSTANTION	DEGREE	11000 11001	W 101	1 mm 01. VM. 11
A. BURIAL CREMATION, 248 DATE REMOVAL (Specify) 24C.	NAME of CEMETERY of CRE	MATORT 24D. LC	CATION (C	City, town, or countyl (State)
Paris / 1/12 /02 N	LIT Wall D. 1.	0.	1T.	Mindle
041121 3/12/12/1	est Hely Redee		1Timere,	1121/1010
A. DATE REC'D BY HEALTH DEPT. 258, NAME	OF REGISTRAR	25C. FUNERAL DIRECTOR	F. 11 2	ADDRESS-
MAY 1 9 3079 (0 0 4.0 5)	07 C 8	Chrysta, St	ENENS LA	FORT AVENUE
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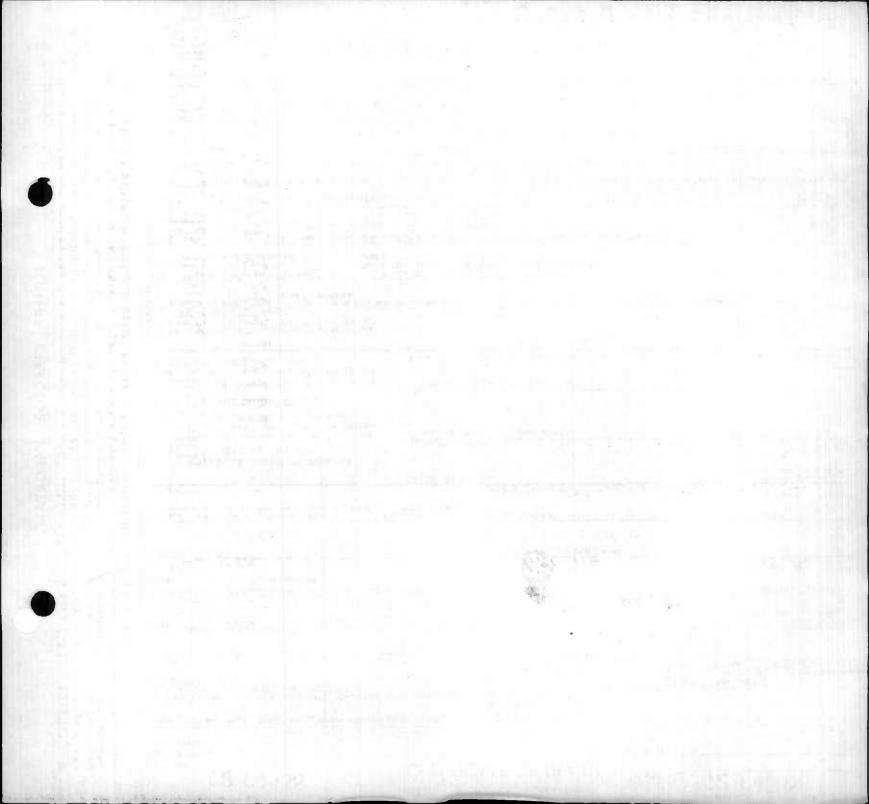
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are attendance on the deceased prior to death. Such

BALTIMORE	CITY	HEALTH	DEPARTMENT
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and the second second	72 04538		CERTIFICA	TE OF DE		REG. NO.	72 1	04538
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3. PLACE IN BA	LTIMORE MARTLAND,			4. USUAL RESID	ENCE (WH	ere deceased lived. If	institution; e	esidence before admission
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NOTITUTION				C. CITY OR TOWN		D. II	NSIDE CITY LE	
The Jo	ohns Hopkin	s Hospi	tal	E. STREET AND			TES X	NO 📗
				1707 N	I. Bo	nd Street		
S. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years	I Unde	r 1 Yr. , If Under 24 Hrs
Male	Negro	WIDOWED		4/11/	\$ 05	lost birthdoyl	Months	Pays Hours Min.
OA. USUAL OCC	UPATION (Give kind of working life, even if refired)	HOR KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or for	reign country!	12. CITI	ZEN OF WHAT COUNTR
,				Wine.	1.1			7/00
3. FATHER'S NA	ME			14. MOTHER'S M	AIDEN NA	AME		71.5,72.
Samuel	Robinson					obinson		
5. Wos Decesso	d Ever in U. S. Armed Fo	rces?	1 6 SOCIAL	17. INFORMANT				ADDRESS
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1 2 9 6	0.9		CAUSE OF DEAT	4				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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injury at co	mplication which caused	d death.)	10	15				
	ANTECEDENT CAUSES	S	(8) ASC	209			- 1	years
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E TO THE DEA	FICANT CONDITIONS CO TH BUT NOT RELATED TO T	THE TERMINAL						
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DEATH (notif	modical examined	etc.)	e, farm, foctory, street, of	ice bidg. INJURT	OC CUIR			
21D. TIME	(Month) (Day) (Year)	(Hour) 21E	INJURY OCCURRED	21E, HOV	W DID IN	JURY OCCUR?		
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		Worl	k L Al Work					
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that (1) (we	last saw the decease	ed alive an	58	1977		1		h accurred an the date
and hour an	d from the courses sto	ted above. (I)	(We) (did) (did nay) v				4	are officer and file day.
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			DEGREE	The Jo	nins !	Hopkins H	ospita	3.T
AA. BURIAL CRI	MATION, 248, DATE	24C. NA	ME & CEMETERY OF CRE	MATORY	24D. I	OCATION	City, town, or	r county! (State)
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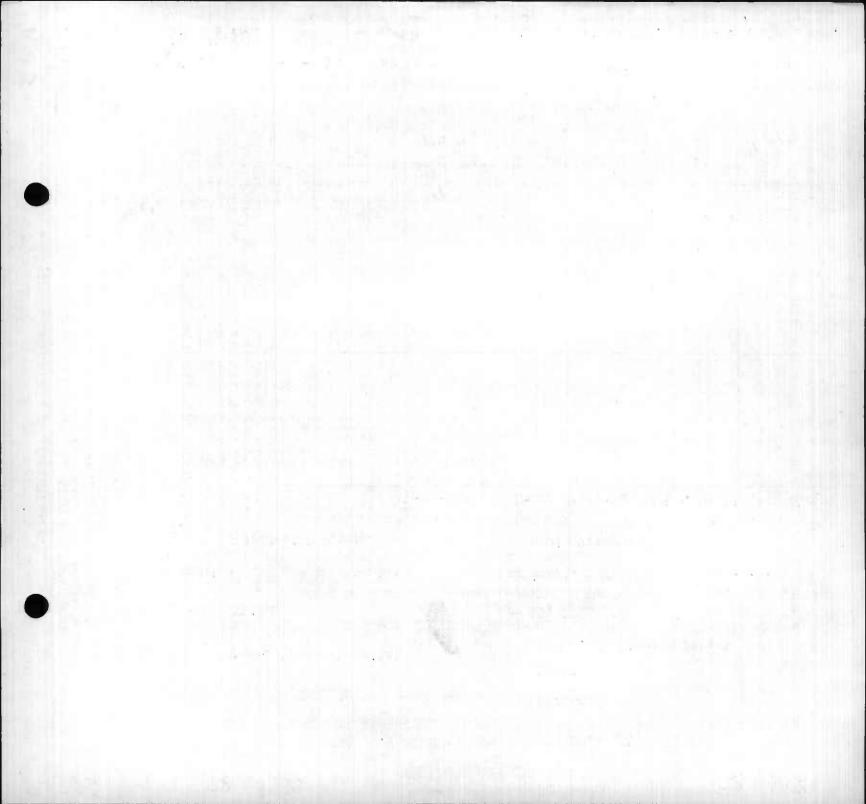
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BALTIMORE CITY HEALTH DEPARTMENT 72 04539 CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) PETERSON WITHELMINA 11. 1972 May 4. USUAL RESIDENCE (Where deceased fived, If institution; residence before admission) 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD B. COUNTY Maryland (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION C. CITY OR TOWN D. INSIDE CITY LIMITS NOF Baltimore YES Church Home & Hospital F STREET AND NUMBER 405 S. Washington Street 9. AGE (In years 6. RACE 8. DATE OF BIRTH If Under 24 Hrs. S. SEX If Under 1 Yr. MARRIED NEVER MARRIED lost birthdoy 63 Hours Aug 11, 1908 Female White WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired)
Housewife Baltimore, Maryland U.S.A. Own Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Carrie Tracy Frederick Brenner 17. INFORMANT ADDRESS 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO Henry Peterson 405 S. Washington Street 217-07-3/188 CAUSE OF DEATH BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart lailure, asthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES are DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION IOSIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING (If In Saltimore City, give exoct location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) MEDI 21 D. TIME OF INJURY (Month) (Doy) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21 E. INJURY OCCURRED obtaine Not While White At F (APPROX.) At Work Work 22. I certify that (1) (this haspital) attended the deceased from eath); that (I) (we) lost saw the deceased alive on and that in (my) (aur) opinion death occurred on the date pe and hour ond from the causes stoted obove. (1) (We) (did) (did nat) view the body ofter deoth. must 23 B. DATE SIGNED 23A. SIGNATURE O Attending | Med. Director L approva 23 C. PHYSICIAN'S 23 D. ADDRESS prior NAME (Type) 000 DEGRE was D.O.A 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY REMOVAL (Specify) Baltimore County, Maryland

5-15-1972 Burial Oak Lawn 25B. NAME OF REGISTRAR VS 150-REV. 1/1/68

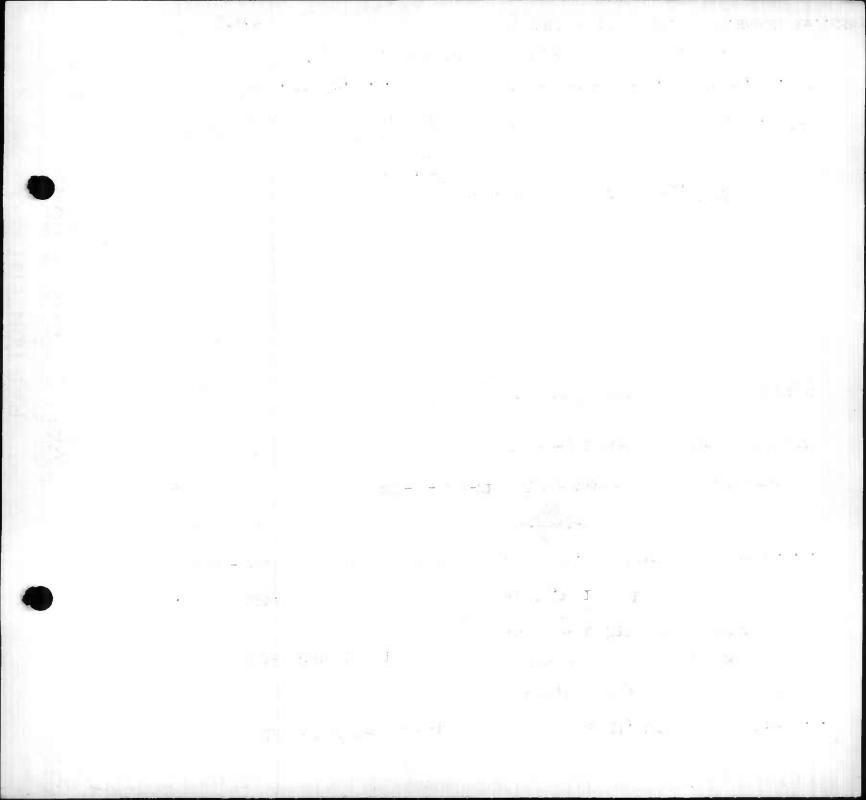
25C, FUNERAL DIRECTOR Lilly & Zeiler Inc. 1901-07 Eastern Ave.



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a hospital and

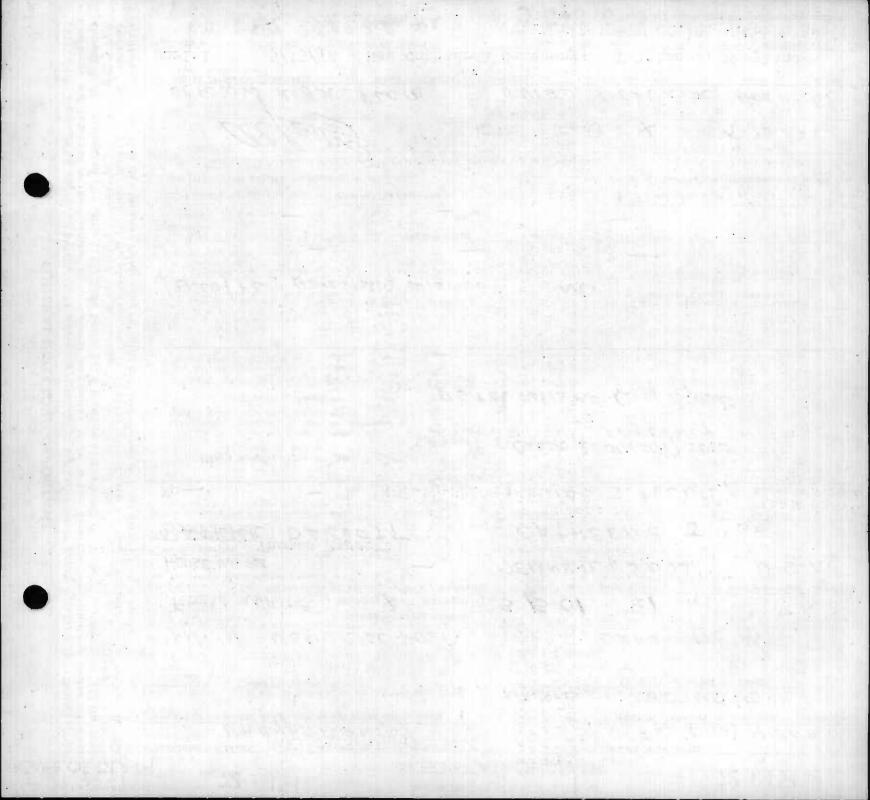
	72	(4540)		BALTIMORE CIT	Y HEALTH DEPART	MENT		'79	04540
BIF	TH NO.			CERTIFICA	TE OF DE	ATH	REG. NO)	CEDAO
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Ľ	pe or Print)	Sister D				May	11, 1972		2:35 P.M.
3.	PLACE IN BALTIA	MORE MARYLAND, W	HERE PRONC	DUNCED DEAD	4. USUAL RESIDE	B. CO	here deceased lived	. If institution	residence belare admission
FU HC	LL NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTI	TUTION, GIVE STREET	Maryland		City		2841
I'N	иопити	77.133			C. CITY OR TOWN		D.	INSIDE CIT	
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							Hill Road	21	207
5, 5		RACE	7. MARRIED	NEVER MARRIED					1. 1 V. W. 11 1 0. 11
	F.	White	WIDOWED	DIVORCED	March 17 1	ROM	9. AGE (In years last birthday) 81	Month	Doys Hours Min.
t0A	USUAL OCCUP	ATION (Give kind of work king life, even if setired)	108, KIND O	F BUSINESS OR INDUSTR	11. BIRTHPLACE (SI	ale at la	reign country)		ITIZEN OF WHAT COUNTRY
aan	Teacher	-retired	Sister	of Charity	Tonerrond		Tonn Warel.		
13.	FATHER'S NAME			or onarroy	Tonawand	IDEN N	lew lork		Yes -U.S.A.
	John Co	ndon					VIME		
15.	Wes Deceased Ev	m in II S A-of Fa		116 100111	Mary Wa	lsh			
(Yes	, na ar unknown! (If	yes, give war er date	of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT				ADDRESS
	No	- A		219-54-0259-	1 Sister	And	rea	same a	address
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		mean the mode of	duing a a	(A) IMMEDIATE CAL	12E		decompensa	ition	3 weeks
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	injury or complic	calian which caused	death.)			_			
		TECEDENT CAUSES		(B)	Arterios	cler	osis		8 years
	DISEASES OR	CONDITIONS, if above cause (A)	iny, giving	DUE TO, OR AS	A CONSEQUENCE C	F:		*************	
	UNDERLYING C	ONDITION last	siding the	(c)					
		11							
O	OTHER SIGNIFICA	NT CONDITIONS CON	TRIBUTING						
F	DISEASE OR CON	UT NOT RELATED TO TH	1 (A).	***************************************	******				***************************************
CERTIFICATION	19A. DATE OF OF	PERATION 198 CONE	NOT HOLTE	WHICH OPERATION	20A. AUTOPSY?	Yes or h	No) 208 IF YES W	CAUSES OF	S CONSIDERED
CER	21A. ACCIDENT	WAS IINDERIVING	1018	NACTOR INC.	- 1			0,0363 0	DEATHI
	OR CONTRIBUTION DEATH (natify me	WAS UNDERLYING DICAUSE OF	hom	PLACE OF INJURY (e.g., i ne, farm, loclory, street, or	fice bidg., INJURY O	CCU R?	(If In Bol	limare City, g	ive exact location)
≤ 1		lonth) (Doy) (Year)		INJURY OCCURRED					
S	OF INJURY	tooy, (red)		ile AI Not White		DID IN	IJURY OCCUR?		
L			Wo	ik 🗀 Al Waik	<u> </u>				
	22. I certify tha	it (1) (this hospital)	attended t	he deceased from OC	tober		164 toMay	. 1972	19
		st saw the deceased				_and t			ath accurred on the dote
	and haur and fr	am the causes state	d abave. ((We) (djet) (did not) v	low the hada after	donah	, (,	-printen do	and accoulded out till doll
	23A. SIGNATURE		110	, take the state of the	tow the budy diter	death	•	228 D.4	ATE SIGNED
	19/11	1///////	MAL	Alte	nding Med.		Staff Phys.		
	23C. PHYSICIAN'S NAME (Typel	Ju sun	1816	DEGREE	3D. ADDRESS		Phys. L.	May	11, 1972
44	DA:	miam P. Ala	31a, M.	D. DEGREE	305 Frede	rick	Avenue, E		re, Md. 21228
	REMOVAL (Spec	TION, 24B. DATE	- 1	AME of CEMETERY OF CRE	MATORY	24D.	LOCATION	(City, town,	or county) (Stote)
	BURIAL	5/13/7		t. Joseph's			mitsburg	, Mary	yland
έλΑς.	DATE REC'D BY		SE NAME C	OF REGISTRAR	25C. FUNERAL D	IRECTO	R		ADDRESS
		1972 R.a.	071	U ·) ·	DETEWART,	Sc N	OWEN CO.	108 W	. North Av., C:
/5 1	50-REV. 1/1/68		4000	43 46					



VS 150-REV. 1/1/68

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72 04541	BALTIMORE CITY H	EALTH DEPARTMENT	100	0.04543
BIRTH NO.	CERTIFICAT	E OF DEATH	REG. NO.	2 U4 D4 L
1. NAME OF DECEASED MARY CATHERINE (Type or Print) MARY B. TRENT		2. DATE AND 5/ /C	HOUR OF DEATH)14-30A, M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	ED DEAD	. USUAL RESIDENCE (Where	deceased lived. Il institutio	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	ON, GIVE STREET	MARYLAND	D. INSIDE CIT	RXX 1701
4 4		BALTIMORE.	Z YES	NO 🗆
UNION MEMORIAL	HOSP,	132 W. L.	AFAYETTE	AV
S. SEX 6. RACE 7. MARRIED WIDOWED WIDOWED WIDOWED	DIVORCED B.	3-13-01	AGE (In years It U Mon'	nder 1 Yr. If Under 24 Hrs. ths Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BU done during most of working life, even if retired) HOUSE UV 1 FIE		DEN NS 12 U		U.S.A.
13. FATHER'S NAME Thomas Barrett		MOTHER'S MAIDEN NAM		
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	SOCIAL A 17	INFORMANT Son:		ADDRESS
	8-14-2460	THOMAS J	. TRENTLY	8 BALTO MD 2120
(This does not mean the mode of dying, e.g., heart failure, asthenio, etc. 11 means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stoting the		CARDIO RESP CONSEQUENCE OF: F.	/	
UNDERLYING CONDITION lost.	(C)			
O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).				
198. CONDITION FOR WHI WAS PERFORMED WETD STORIES	ON SPINE	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDIN IN CERTIFYING CAUSES (OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 218. PLA home, to	CE OF INJURY (e.g., in coorn, toctory, street, office	e bidg., INJURY OCCUR?	(If in Baltimore City,	give exact location)
21D. TIME (Month) (Doy) (Year) (Hour) 21E, tN. OF INJURY (APPROX.) While A	At Work	21F. HOW DID INJU	RY OCCUR?	
22. I certify that (1) (this hospital) attended the	deceosed from	19)ta	19
that (1) (we) last sow the deceased alive on	##	19 ond tho		
ond hour and fram the couses stated obore (I) (V	(did) (did not) vie	w the body offer death.	23 R	DATE SIGNED
allforth	DEGREE Phys.			5-10-72
23C. PHYSICIAN'S NAME (Type) ALFO WSO RIVAS _PLA	179 DEGREE	UNION M	EMORIDE	HOSPIDE
24A. BURIAL CREMATION, 24B. DATE 24C. NAME REMOVAL (Specify)	of CEMETERY of CREM	ATORY 24D, LO	CATION (Čity, tow	vn, or countyl (Stotel
Burial 5/13/72 New 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF R	Cathedral	Cemetery :	Baltimore, M	Maryland ADDRESS
MAY 1 2 1972 Pole & 2 Jak		CILITATIVA DIN S. MO.	WENT CO 108 V	North Ave(1)

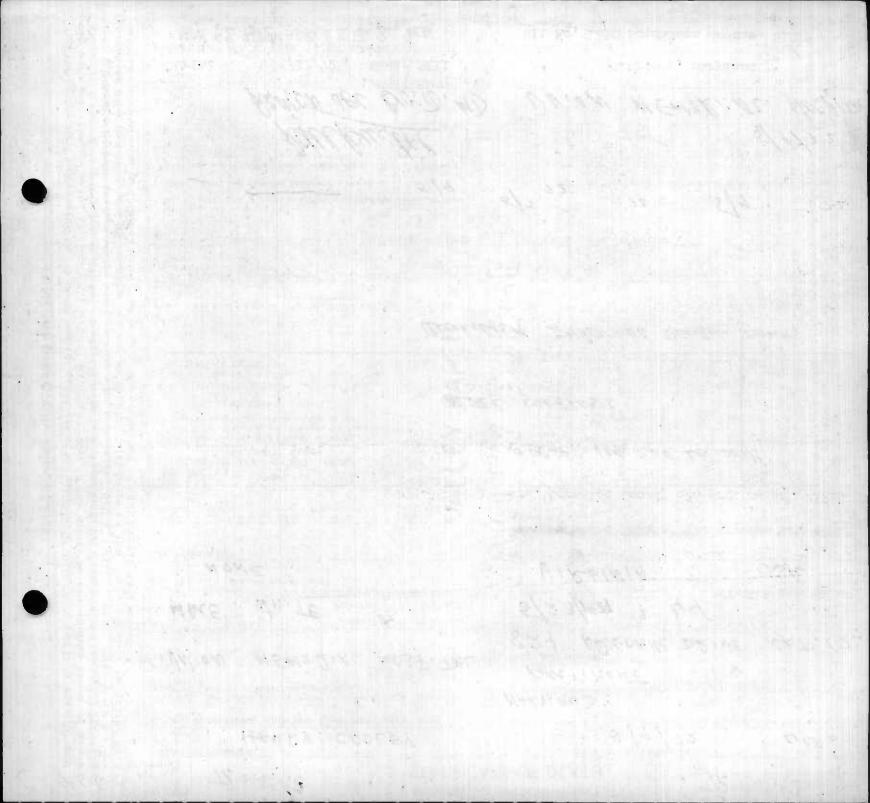


was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the

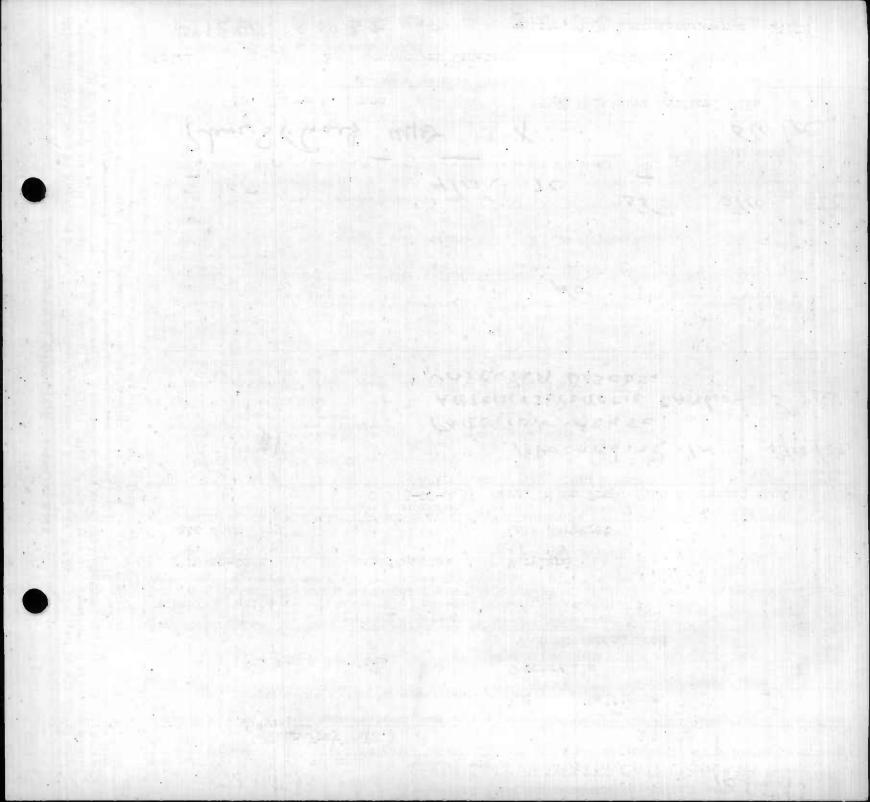
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Type or	Print)	ARRY	COOL	.EY		5	19/72	TATE	415 p
	CE IN BALTIMORE,				4. USUAL RE A. STATE MARY	SIDENCE (Where		institution: resid	ence before admissi
FULL N HOSPITA INSTITU	AL OR AD	DRESS OR LOCA	TON)	JTION, GIVE STREET		KTIMOR	RE D. IN	SIDE CITY LIMIT	NO T
401	WION B	MEMO R	IAL B	405 PITAL			ONNE D		
5. SEX	6. RACE		7. MARRIED	NEVER MARRIED	8. DATE OF	IRTH / 9.	AGE (In years		Yr. If Under 24 H
M	TALE 1	VAITE	WIDOWED	DIVORCED	5/8	3/1927	st birthdoy) 49		
	ring most of working lil	e, even if retired)	10B, KIND OF	BUSINESS OR INDUSTR	1	i REIN			USA .
3. FATE	HER'S NAME		VI.,		14. MOTHER'S	MAIDEN NAME			
5. Wos	Deceased Ever in	J. S. Armed Ford	es?	1 6. SOCIAL	17. INFORMAL	NT	May a	AI	DDRESS =
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18,				233-38-4552 CAUSE OF DEA		cora Lee	COOTEA 057		e Dr. 2121
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WEDICAL CERTIFICATION OTH TO	SEASES OR CON Be la the above IDERLYING COND HER SIGNIFICANT CO THE DEATH BUT NO EASE OR CONDITIO DATE OF OPERAT ON ACCIDENT WAS CONTRIBUTING ATH (notify medical ONTIME (Month) INJURY PROX.I I certify that (1) It (1) (we) lost so I hour and from the	DITIONS, if couse (A) ITION last. IN DONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITION 198. CONDITION 198. CONDITION (Year) (Doy) (Year) (this haspital)	NTRIBUTING IE-TERMINAL T I (A). DITION FOR N 218. hom etc. (Hour) 21E. Whi d allve an	VHICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, INJURY OCCURRED Ic At Not Which At Work	20A. AUTO 20A. AUTO in or obout 21C. office bldg., INJU 21F.	PSY? (Yes or No) WHERE DID RY OCCUR? HOW DID INJUI	208. IF YES, WERE IN CERTIFYING C. (If in Baltimo	FINDINGS CC AUSES OF DEA are City, give ex	onsidered ATH? xoct location)
WEDICAL CERTIFICATION OTH TO	SEASES OR CON B 10 The obove DERLYING COND HER SIGNIFICANT CO THE DEATH BUT NO EASE OR CONDITIO DATE OF OPERAT ACCIDENT WAS CONTRIBUTING ATH (notify medical DATIME (Month) PROX.I I certify that (1) It (1) (we) lost so	DITIONS, if couse (A) ITION last. IN DITION CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITION 198. CONDITION 198. CONDITION (Year) UNDERLYING CAUSE OF examined (Day) (Year) (this haspital)	NTRIBUTING IE-TERMINAL T I (A). DITION FOR N 218. hom etc. (Hour) 21E. Whi d allve an	DUE TO, OR A (C)	20A. AUTO 20A. AUTO in or obout 21C. office bldg., INJU 21F.	PSY? (Yes or No) WHERE DID RY OCCUR? HOW DID INJUI 19 2 ond that after death. Med. S	208. IF YES, WERE IN CERTIFYING C. (If in Baltimo	E FINDINGS CO AUSES OF DEA are City, give es	onsidered ATH? xoct location)
WEDICAL CRAILING AND	SEASES OR CON Be la the above DERLYING COND HER SIGNIFICANT CO THE DEATH BUT NO EASE OR CONDITIO DATE OF OPERAT ON ACCIDENT WAS CONTRIBUTING (Month) TIME (Month) TIME (Month) TO TIME (Month)	DITIONS, if couse (A) ITION last. II DNDITIONS CONDITRELATED TO THE GIVEN IN PARTION 198. CONIVAS PERF UNDERLYING CAUSE OF exominer) (Doy) (Year) (this has pital) with edecease the causes state.	NTRIBUTING IE-TERMINAL T I (A). DITION FOR N 218. hom etc. (Hour) 21E. Whi d allve an	DUE TO, OR A (C)	20A. AUTO 20A. AUTO 20 fice bldg., INJU 21 F. wile view the body	PSY? (Yes or No) WHERE DID RY OCCUR? HOW DID INJUI 19 2 ond that after death. Med. S	208. IF YES, WERE IN CERTIFYING C. (If in Baltimo	FINDINGS CC AUSES OF DEA are City, give ex	onsidered ATH? xoct location)
WEDICATION OF IT O	SEASES OR CON B Ia the above DERLYING COND HER SIGNIFICANT CO THE DEATH BUT NO EASE OR CONDITIO DATE OF OPERAT ON ACCIDENT WAS CONTRIBUTING ATH (notify medical ON TIME (Month) TIME (Month) TO CONTRIBUTING INJURY PROX.I I certify that (I) It (I) (we) lost so I hour and from the significant of the sig	DITIONS, if couse (A) ITION last. II DNDITIONS CONDITRELATED TO THE GIVEN IN PARTION 198. CONIVAS PERF UNDERLYING CAUSE OF exominer) (Doy) (Year) (this has pital) with edecease the causes state.	NTRIBUTING IE-TERMINAL I I (A). DITION FOR V ORMED 218. hom etc.) (Hour) 21E. Whi wor d all ve an ed abave. (I	DUE TO, OR A (C)	20A. AUTO 20A. AUTO 20A. AUTO 21F. iile 21F. vlew the body thending 23D. ADDRESS	PSY? (Yes or No) WHERE DID RY OCCUR? HOW DID INJUI 19 2 ond that after death. Med. Director Si	208. IF YES, WERE IN CERTIFYING C. (If in Baltimon RY OCCUR? 22 to In(my) (our) or	FINDINGS COAUSES OF DEA	igned // 2

258. NAME OF REGISTRAR 25A, DATE REC'D BY HEALTH DEPT. MAY 12 1972 04

VS 150-REV. 1/1/68



	72 04	543		CERTIFICATE OF DEATH REG. NO. 72 04543				
BIRTH NO			CERTIFIC	CATE OF	DEATH	REG. NO		
	OF DECEASED	ohn Frey	(J.)		2. DATE AN	5/10/72	Н	
3. PLACE	IN BALTIMORE, MAI	YLAND, WHERE P	RONOUNCED DEAD	4. USUAL A. STATE	RESIDENCE (When	e deceased lived. If	institution: resid	dence before admission
FULL NA	ME OF (IF NOT L OR ADDRES	IN HOSPITAL OR	INSTITUTION, GIVE STREET	Md c. CITY OI	Balt	timore	ISIDE CITY LIMI	53 00 or
INSTITUT		II.	**-1		nsville		YES 🗌	NO X
4	O St. R	lgnes Hosp	ITAL	E. STREET	AND NUMBER 6 Moorehea	ad Road		
s. sex	6. RACE		RRIED NEVER MARRIED DIVORCED	= 10/	22/12	9. AGE (In years	II Under 1 Months De	Yr. If Under 24 Hrs
			ND OF BUSINESS OR INDUS	TRY 11. BIRTHP	LACE (State or forei	gn country)	12. CITIZEN	OF WHAT COUNTR
Win	g most of working life, ever reman-tech. R'S NAME		Westinghouse	Mary	land ER'S MAIDEN NAM	AE	USA	
	te John Frey				Margaret	ne .		
S. Wos D	Deceased Ever in U. S. unknown) (if yes, give	Armed Forces?	vice) 1 6. SOCIAL SECURITY NO.	17. INFORA			A	DDRESS
- 037110 01	January yes, give	01 00103 01 30	215-10-0251	Mrs.	Hilda Frey	7, 5906 Mod	orehead	Road
18. 2	7 / 0 9 1	-	CAUSE OF DE			, , , , , ,		APPROXIMATE INTERVAL
hearl injury DISE	daes nat meen the failure, asthenia, etc or camplication whi ANTECEDEN ASES OR CONDITI to the abave coerclying CONDITION	made of dying, the discharge of the disc	seese, DUETO, OR	CI (U	A C L	LITE CIE CAS		3 YRS
TO THE	r significant condi HE DEATH but not re ASE or condition gi	LATED TO THE TERM	INAL					
TIFIC 19A.	DATE OF OPERATION	WAS PERFORMED			TOPSY? (Yes or No.	IN CERTIFYING C	E FINDINGS CO AUSES OF DE	ATH?
ORC	ACCIDENT WAS UND ONTRIBUTING CAU H (notily medical exam	ISE OF	218 PLACE OF INJURY (e home, form, foctory, stree etc.)	g, in or obout 2 , office bldg., 11	NJURY OCCUR?	(II in Boltin	nore City, give e	xoct location)
OF IN	IJURY	oy) (Yeor) (Hour		While -	IF. HOW DID INJI	URY OCCUR?		
		1				953 to	2/1	0 19 7 ?
that and	(i) (we) last saw th	e deceased allv	ve. (I) (We) (did) (did no	19 t) view the bo	7 and the	at in(my) (aur) a	23B, DATE	accurred an the da
23 C. P	HYSICIAN'S	" har	DEGREE	Attending Phys.		Shaff Phys.	51	11/2
	Dr. Th	nomas E. R	DEC	REE		imore Natio	onal Pik	е
	OVAL (Specify)	DATE :	24C. NAME of CEMETERY or		24D. LG	OCATION	(City, town, or o	county) (Stote)
Buria.	E REC'D BY HEALTH	5/13/72 DEPT. 258. N	Loudon Park Cen		JNERAL DIRECTOR	altimore,	Maryland	ADDRESS
MA	Y 1 2 1972	Robert P. 3	all sign	Wit	zke, 1630	Edmondson	Avenue	21228
VS 150-RI	V. 1/1/68			-				



60 00

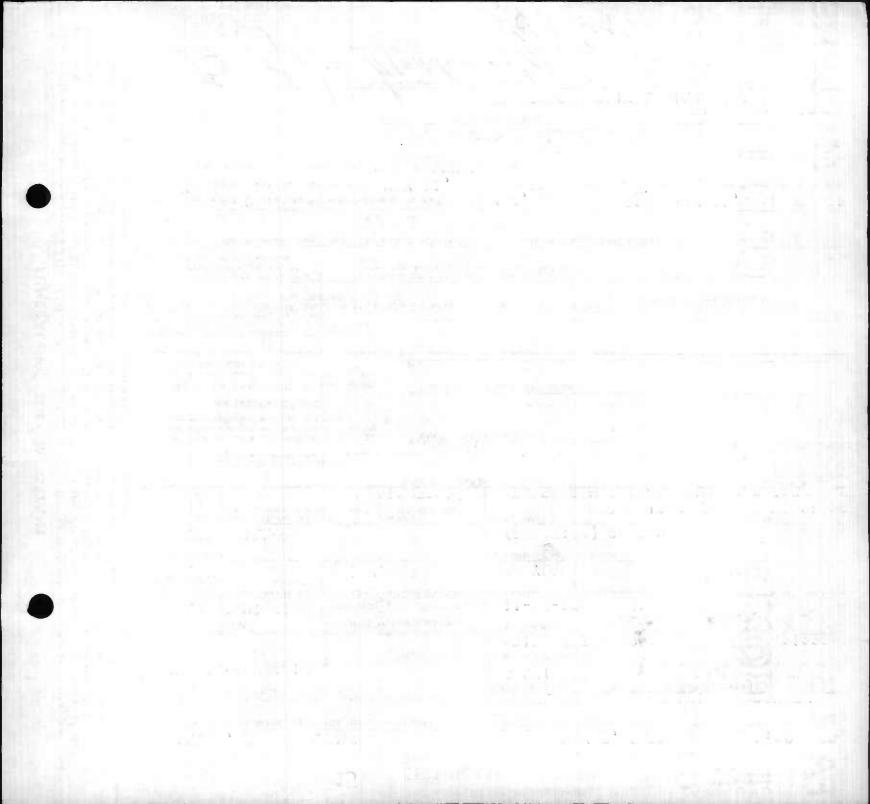
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a haspital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Decased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	M-236 72 0	4544 CERTIFICA	TE OF DEATH	REG. NO.	72 04544;
1.1	NAME OF DECEASED Po or Print) MASTERS			HOUR OF DEATH	, 12:30 a.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESIDENCE (Where	deceased fived. If institution	
H	The Johns Hopkins H		Maryland c.CITY OR TOWN Hanover E. SIKLET CON NUMBER	Anne Arundl	E LIMITS?
			Das	Court	
	WIN WIN	ARRIED NEVER MARRIED DOWED DIVORCED	9/23/16	55	Inder 1 Yr. If Under 24 Hrs. oths Days Hours Min.
don	LUSUAL OCCUPATION (Give kind of work 10 B. I the during most of working life, even if refired) Lice Manager FATHER'S NAME	und of business or industry	Illinois		U.S.A.
130	Charles Masters		Grace Can		
15. (Ye	Wes Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give war or dates of s	SECURITY NO.	Rose Marie Mast	(11): 0 12200	ADDRESS
CERTIFICATION	CISEASE OR CONDITION DIRECTL LEADING TO DEATH (This does not mean the mode of dyin, heart foilure, asthenia, etc. It means the cinjury or complication which caused death ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above cause (A) stolin underlying Condition last II OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO THE TER DISEASE OR CONDITION GIVEN IN PART 1 (A) 19-A-DATE OF OPERATION 19-B. CONDITION WAS PERFORMS	giving (a) IMMEDIATE CALL DUE TO, OR AS (B) DUE TO, OR AS (C) COLUMN (C) COLU	A CONSEQUENCE OF: A CONSEQUENCE OF: 20A. AUTOPSYT (Yes or No)	20B, IF YES, WERE FINDIN IN CERTIFYING CAUSES	
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21& PLACE OF INJURY (e.g., i hame, farm, factory, street, of etc.)	n or about 21C, WHERE DID	(if In Baltimare City,	give exact location)
MEDI	21 D. TIME (Month) (Day) (Year) (Her OF INJURY (APPROX)	While At Not While Work	21F. HOW DID INJU	RY OCCUR?	,
	22. I certify that (1) (this hospital) attention (1) (we) last saw the deceased all and hour and from the causes stated at CONTRE CONTR	over (1) (We) (did) (did not) v	19 7 ond that lew the body after death.	23 8, 1	death accurred on the date DATE SIGNED 5/10/72
	George E. E. B. BURIAL CREMATION, 24B, DATE REMOVAL ISpecify) Burial 5/13/72	Brennan, M. Degree 24C. NAME of CEMETERY of CRE Glen Haven Ceme NAME OF REGISTRAR	, stay of I		tal In, or county) Islatel Len Bunnie, M.
Vs		Jalley M.D. O.	Mg Cufly F.H.	237 Patapsco	Ave., Balto, 21225

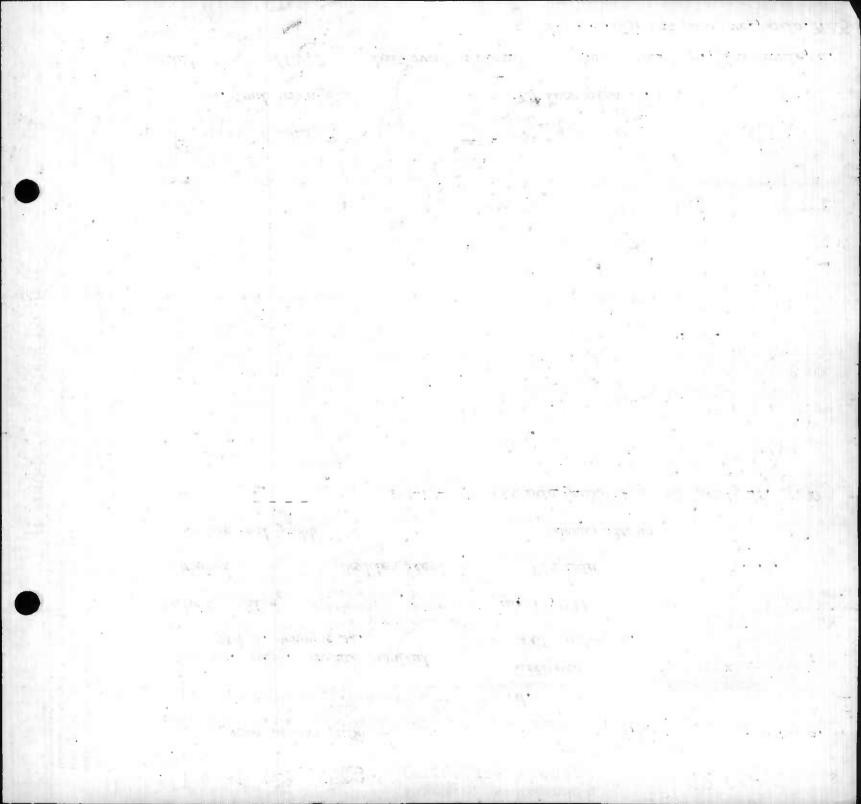
C TO THE RESERVE OF THE PARTY O THE STATE WHEN MAKES AND A STREET STATE OF THE PROPERTY OF THE PARTY O STATE OF TAXABLE BEST HAVE STATE OF THE THE MINERS CONTRACTOR OF 27777044

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

M BALTIMORE CIT	Y HEALTH DEPARTMENT
BARTH NO. 72 04545 CERTIFICA	ATE OF DEATH FREG. NO. 72 04545
I. NAME OF DECEASED (Type of Print) ER, HOWARD LOUIS	2. DATE AND HOUR OF DEATH MAY 5, 1972 1 2:20 M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	MARYLAND BALTIMORE COUNTY C. CITY OR TOWN D. INSIDE CITY LIMITS?
	BALTIMORE YES NO [X]
ST AGNES HOSPITAL	E. STREET AND NUMBER
40	2717 NORFEN ROAD 21227
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Ye. If Under 24 His.
MALE CAUCASIAN WIDOWED DIVORCED	11-26-10 (ost birthdoy) Months, Doys Hours Min.
IDA USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
SALESMAN DAIRY	MARYLAND USA
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
VALTER MILLER	(FERGUSON) GERTRUDE
15. Was Decessed Ever in U. S. Armed Forces? (Yos, no of unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	RECORD'S BALTIMORE MD 21229
HD 212073946	ST AGNES HOSPITAL WILKENS & CATON AV
18. CAUSE OF DEA	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Hodge	king disease amortiement
LEADING TO DEATH	USE of liver, spleen, spine
heart fallure, asthenia, etc. It means the disease,	S A CONSEQUENCE OF:
Injury or complication which caused death.)	2000 6000000000000000000000000000000000
ANTECEDENT CAUSES	to retrafficationa, bilogenst
I use to me above take for staing me	S A CONSEQUENCE OF:
UNDERLYING CONDITION lost (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL OISEASE OR CONDITION GIVEN IN PART 1 (A).	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OF DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING TO 121B. PLACE OF INJURY (e.g.	20A-AUTOPST? (100 of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., bome, farm, factory, sheet, beta)	in or obout 21 C. WHERE DID (If In Boltimore City, give exact location) office bldg. INJURT OCCUR?
O 210-TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
E OF INJURY (APPROX.) While At Not Whi	
22. I certify that (1) (this haspital) attended the deceased from 1. that (1) (we) lost sow the deceased alive on MAY. 11.	19 72 to MAY 11, 19 72 19 72 and that In (my) (our) opinion death occurred on the date
and hour and from the couses stated above. (If (We) (dld) (drd/not)	
23A. SIGNATURE	23B, DATE SIGNED
ferent jalances At	tending Med. Stoff Nys. Director Phys.
23C.PHTSICIAN'S	23D. ADDRESS
NAME (Type)	ST AGNES HOSPITAL WILKENS & CATON AVE
24A. SURIAL OREMATION, 24B. DATE 24C. NAME of CEMETERY OF C	
5/15/78 MAGASOW	adge Dulh.
25A. DATE REC'D BY HEALTH DERT. 25B. MAME DE REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
MAY 1 2 1972/ 3 & E. Salley R.D.	ly & Call - 130 6. Faller
VS 150-REV. 1/1/68	01-96-5-1-0

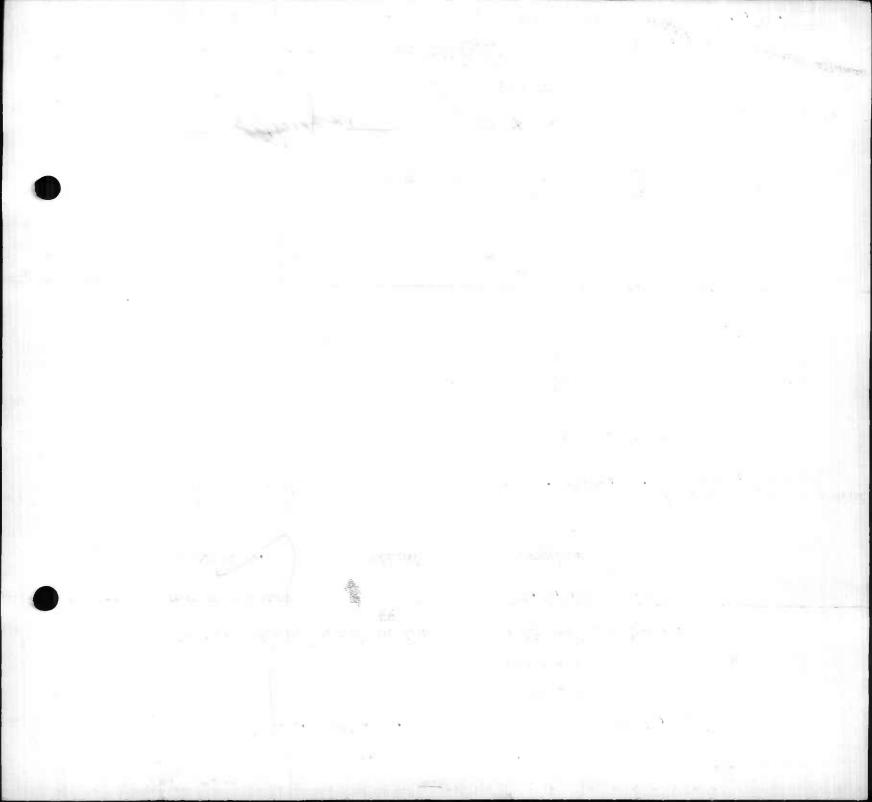


-	7 /12				HEALTH DEPARTMENT		10 0 1 1 1 1
	16/0 TH NO.		2 04546	CERTIFICA	TE OF DEATH		2 04546
(Tue	AME OF DEC		, , ,	,	2. DATE AND	HOUR OF DEATH	40.55
2	N A CT IN BALL	James He	arlow Yrub	MOUNCED DEAD	4. USUAL RESIDENCE (Where of	9,1972	10:55 a. M.
3.	PLACE IN BAL	IIMORE, MARY	LAND, WHERE PRO	DNOUNCED DEAD	A. STATE B. COUNTY	deceosed lived. If in	sillution; residence before admission)
FU HC	LL NAME OF	(IF NOT II	OR LOCATION)	STITUTION, GIVE STREET	C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
4	ma s	S. R-11	. (11	Baltimore		YES NO
10	DUN 3	o. Data	o. General	. поѕріхаї	E. STREET AND NUMBER		
			Hanover St		2261 (edley S	it.	
5. 5	EX	6. RACE	7- MARE	RIED NEVER MARRIED		AGE (In years t birthday)	If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours Min.
	Male	White	WIDO	WED DIVORCED	July 18,1911	60	
		JPATION (Give I working lile, even		D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
0011	Labore			thlem Steel	Vincinia		U.S.A.
13.	FATHER'S NAM		26	ducin sizeec	Virginia 14. MOTHER'S MAIDEN NAME		0.55/16
	111	w Neal	C 11		0		
15 5		Ever in U. S.		1 6. SOCIAL	Darcus Sa	слоцр	ADDRESS
(Ye	, no or unknown)	(If yes, give v	vor or dates of serv	SECURITY NO.			7001133
	No			233-12-8398	Virginia Grubb(W	life/2261 (edley St. 21230
	18.	0,11		CAUSE OF DEATH	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
			TION DIRECTLY		()	0	: 1 + 0
		LEADING TO		(A) IMMEDIATE CAU		Monto	es alle
	heart foilure,	asthenia, etc.	mode of dying, It means the dise		CONSEQUENCE OF:		
	injury or cam	plication whic	h caused death.)	1/6	100	111	- 1110011
	,	ANTECEDENT	CAUSES	(B) AC	.U. D-9M	111 3251	1 peace
				ving DUE TO OR AS	A CONSEQUENCE OF:		110-
		CONDITION	use (A) stating I last.	Ino (C)/WWW	my munhal	WL	Sylaio
		- 11					
Z	OTHER SIGNIF	ICANT CONDIT	IONS CONTRIBUTI	NG			
CERTIFICATION			ATED TO THE TERMII	NAL			
F.		OPERATION		OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE I	FINDINGS CONSIDERED
RT	0		WAS PERFORMED			IN CERTIFIED CA	osts or btain:
	21A. ACCIDEN	TWAS UNDE	RLYING [218. PLACE OF INJURY (e.g., in	n or obout 21 C. WHERE DID	(If In Boltimor	e City, give exoct location)
AL	DEATH (notify	medical exami	n er)	etc.)			
MEDICAL	21D. TIME	(Month) (Doy	y) (Yeor) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJUR	Y OCCUR?	
8	OF INJURY (APPROX.)			While At Not While		1	
				Work L At Work	The Contract of the Contract o	TI U	N4 9 1072
				ed the deceosed from	6(15)		19-1
	that (I) (we)	lost sow the	deceosed olive	on 1100-a	ond that	In(my) (our) opl	nion death occurred on the date
			uses stoted obov	e. (1) (We) (did) (did not) v	lew the body ofter death.		
	23A. SIGNATU	RE	1 0	0			23B, DAY SIGNED
	10	al /s	elulos	OE GREE Phys	nding Med. SN Director Ph	ys.	3/11/12
	23C. PHYSICIA NAME (T	N°S			23D. ADDRESS		
	Do		Schonfeld		2301 Annapolis	Rd.	
24/	BURIAL CREA			C. NAME of CEMETERY OF CRE			ty, town, or county) (State)
0		opecify)	100/00	(1 11)	,		
250	urial	BY HEALTH D	172/72 DEPT. 258. NA	YLEN Haven (eme	tery Anne	Arundel (o	, Glen Burnie, Md.
234	mad a m Ad	MAN O A	-	les A.D.			
M	AY 1 2 1	1/2 1/6-5	3 C1 3 C100	4 7 0 0	The cully tothe	23/ Patapa	co Ave. Balto. 21225



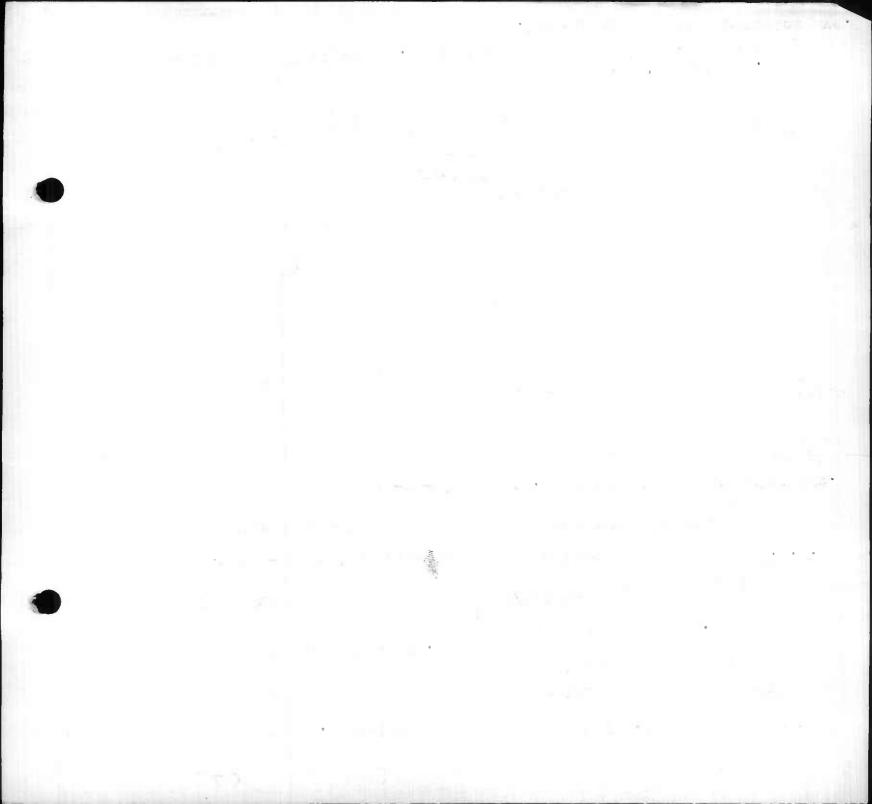
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0 00			BALTIMORE CITY	HEALTH DEPARTA	AFNT		101/2 0	
BIRTH NO.	72 (9547		TE OF DEA	· ·	EG. NO	72 04	1547
1. NAME OF DECEAS	SED			2. 1	DATE AND HOUR	OF DEATH		
	John G. (onort, S	n.		May 1	1. 1972	1	
3. PLACE IN BALTIM	ORE MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDEN	CE IWhere decesso	d lived. If ins	litution; resider	M. nce before admission)
FULL NAME OF	OF NOT IN HOSPIT	AL OR INSTITU	JTION, GIVE STREET	Marylan				1.303
HOSPITAL OR	ADDRESS OR LOCA	ATION)		C. CITY OR TOWN		D. INSIE	E CITY LIMITS	2
4-2				Baltimore	2		YES X	NO 🗆
Courth Q	14:	1 11		E. STREET AND NU		C .		
	rltimore Ge				h (harles	Street		
44 4	RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (I)	n yeors	If Under 1 Y	r. II Under 24 His.
Male	White	WIDOWED		Apr. 9, 1	07) /7			
done during most of work	TION (Give kind of wark ing life, even if retired)	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Slot	lo or foreign country)	12. CITIZEN	OF WHAT COUNTRY?
Elevator		Ret	ired	Manulan	d		USA	
13. FATHER'S NAME				Marylan 14. MOTHER'S MAII	DEN NAME		LUST	
15. Was Deceased Eve (Yes, no or unknown! (If	r in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		. 0	ADI	2250
6 yes	yes, give war or dote	s of service)	SECURITY NO.	9.4- 6 6	, 1	1839	outh ()	PRESS harles Stree aryland PROXIMATE INTERVAL
18.	VVV /		CAUSE OF DEATI	John G. Co.	nont, jr.	Baltin	none, Mk	rryland
	OR CONDITION DI	COTIV	CAUSE OF DEATH	3			BETWE	PROXIMATE INTERVAL
	DING TO DEATH	(ECILI						
This does not	mean the mode of	dying, e.g.,	DUE TO, OR AS	SE MYOCARI	IAL INFA	RCTIO	M	
	nenia, etc. It means otion which coused							
ANT	ECEDENT CAUSES						- 1	
DISEASES OR	CONDITIONS, II	ony, giving	(B) COROL DUE TO, OR AS	JARY HEART A CONSEQUENCE OF	DISEASE	<u>'</u>		***************************************
rise to the o	bove couse (A)	stating the						
ONDERLING C			(c)ARTI	I FIBRILI	ATION			
OTHER SIGNIFICAL	II NT CONDITIONS COI	NTPIRITING						
TO THE DEATH BI	UT NOT RELATED TO THE	IE TERMINAL	***************************************	************************				
19A. DATE OF OP	ERATION 198 CON	DITION FOR W	HICH OPERATION	20A. AUTOPSY? (Y	es or No) 208, 1F	YES. WERE FIL	NDINGS CON SES OF DEATI	SIDERED
21A. ACCIDENT V	WAS PERF				IN CERT	IFYINO CAUS	SES OF DEATI	H?
. OR CONTRIBUTIN	VAS UNDERLYING	21 B.	PLACE OF INJURY (e.g., in	or about 21 C. WHERE	DID (I	f In Bolttmore	City, give exoc	st location)
DEATH (notify med	dical examined	olcy	, toning factory, shoot di	ico biog., instant oc	COR			
	onth) (Doy) (Year)	(Hour 21E.	INJURY OCCURRED	21F. HOW	DID INJURY OCCI	U R?		
(APPROXI		Whil	Not While					
22. I contify that	(I) (this besited)		e deceosed from M	IAV 27	71	147.77		
	t saw the decease			•		to_MARC		1972
				197.2	ond that in (my)	(our) opini	on deoth oc	curred on the dote
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PHYSICIAN'S NAME IType			2	3D. ADDRESS				
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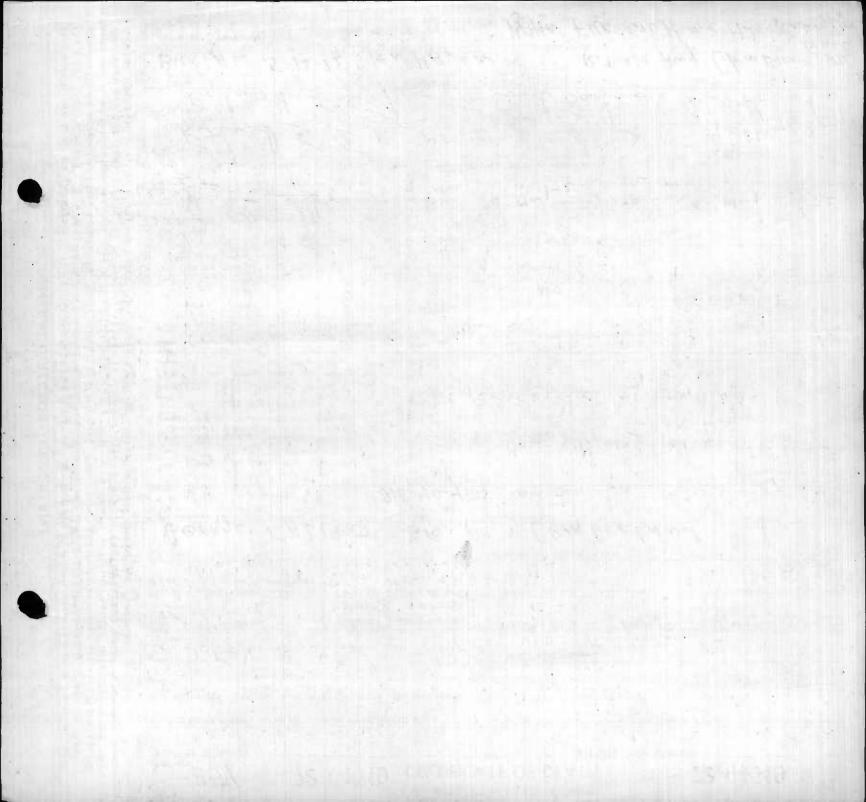


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-	-	41	-	-	-	111

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. 72 04548 CERTIFICATE OF DEATH REG. NO. 72 04548 CERTIFICATE OF DEATH Anna M. Goetze 2. Date and hour of death May 9, 1972 3. PLACE IN BALTIMORE, MARILAND, WHERE PRONOUNCED DEAD A. STATE B. COUNTY Maryland C. CITY OR TOWN Baltimore									
Anna M. Goetze May 9, 1972 3. PLACE IN BALTIMORE MARTLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSMITAL OR INSTITUTION, GIVE STREET HOSMITAL OR INSTITUTION, GIVE STREET HOSMITAL OR INSTITUTION ADDRESS OR LOCATIONI ADDRESS OR LOCATIONI Maryland C. CITY OR TOWN Baltimore E. STREET AND NUMBER 3009 Frederick Ave. S. SEX 6. RACE 7. MARRIED NEVER MARRIED White WIDOWED DIVORCED OA. USUAL OCCUPATION (Give kind of work logs, with frelied) Retired - Umbrella Inspector S. Was Decoased Ever in U. S. Armed Forcast (es, no or unknown) [If yes, give wor or doles of service) DISEASE OR CONDITION DIRECTLY DISEASE OR CONDITION DIRECTLY AND HOSMITAL OR INSTITUTION, GIVE STREET Maryland J. AGE (In yeors Months) PL. Maryland J. AGE (In yeors Months) J. AGE (In yeors Months) Months: Days Hours Min. Months: Maryland J. ADDRESS ADDRESS ADDRESS APPROXIMATE INTEGRAL BETWEEN ONSET AND DEATH									
3. PLACE IN BALTIMORE, MARTLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSMITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATIONI 3009 Frederick Ave. 3009 Frederick Ave. 5. SEX 6. RACE 7. MARRIED NEVER MARRIED NOUNCED 7/2/1895 7/2/1895 NOUNTRICES OR LOCATION GIVE LIMITS? NOUNTRICES									
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Female White WIDOWED DIVORCED 7/2/1895 76 OA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign caunity) Retired — Umbrella Inspector Maryland 3. FATHER'S NAME Charles Goetze Margaret Witzgall 5. Was Deceased Ever in U. S. Armed Forces? Fes, no or unknown) III yes, give wor or doles of service) No 212-09-8218A Mrs. Arthur Hammer Frederick Ave. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY									
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Retired - Umbrella Inspector 3. FATHER'S NAME Charles Goetze Margaret Witzgall Security No. No 212-09-8218A CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY Maryland U.S. A. Maryland U.S. A. Maryland U.S. A. Maryland 14. MOTHER'S MAIDEN NAME Margaret Witzgall 17. INFORMANT 3009 APPROXIMATE INTENTAL BETWEEN ONSET AND DEATH BETWEEN ONSET AND DEAT									
Charles Goetze Margaret Witzgall Security No. No 212-09-8218A CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY MARGARET WITZGAL Mrs. Arthur Hammer Frederick Ave. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH									
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tinis does not meen the mode at dying, e.g., heart lailure, osthenia, etc. it meens the disease, injury ar complicolian which coused death.)									
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DISEASES OR CONDITIONS, il any, giving DUE TO, OR AS A CONSEQUENCE OF: iise to the obove couse (A) stoling the									
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OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL									
DISEASE OR CONDITION GIVEN IN PART 1 (A).									
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?									
OR CONTRIBUTING CAUSE OF CAUSE OF Contribution Cause OF Contribution Cause Of Cause Of									
21D. TIME (Month) (Doyl (Yeer) (Hour) 21E. INJURY OCCURED 21F. HOW DID INJURY OCCUR?									
While At Not While At Work									
22. I certify that (I) (this hospital) attended the deceased from 19 to 19									
that (1) (we) lost sow the deceased alive on									
and hour and from the causes stored above. (1) (We) (did) (did not) view the body after death.									
23A. SIGNATURE									
REBERT W. CAPP M. D. Director Director Phys. 5/0/72									
NAME (Type) 4804 PREDERION AVE.									
BALTIMORE 29, MD. — MI 4-3655									
AA. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 6104 0 Donnell St. (Slote)									
5A. DATE REC'D BY HEALTH DEPT. 25R. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS									
MAY 12 1972 Passat & Sales, M.O. O G. Truman Schwab 3512 Frederick Ave.									
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BALTIMORE CITY HEALTH DEPARTMENT	- 10
81 TO 04549 CERTIFICATE OF DEATH REG. NO. 72 04	549
BIRTH NO. 1, NAME OF DECEASED / / / / / / / / / / / / / / / / / /	01
(Type or Print)	10 28 AM
3 PLACE IN BALTIMORE MARRI AND WHERE PRINCINCED DEAD 14. USUAL RESIDENCE (Where deceased lived. If institution: rasid	
A. STATE B. COUNTY	105
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET MARY AND DESTRICT ADDRESS OR LOCATION) ON THE PROPERTY OF THE PR	750
NSTITUTION BOAT OR E YES DE	
E. STREET AND NUMBER	NO L
South (Salfinore General Hospital 4121 Morrison (+	
S. SEX / 16. BACE 17. MARRIED ALEXED MARRIED 18. DATE OF BIRTH 19. AGE (In years / 11 Under 1	Yr., If Under 24 Hrs.
lost birthdoy) Months; Do	ays Hours Min.
	N OF WHAT COUNTRY?
tone during most of working life, even if retired)	
Clerk Vahicles Md.	S.A.
13. FATHER'S NAME	
George CALVERT SR. Cymberland	
IS, Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT	DDRESS
(Yes, no ar unknown) (If yes, give war ar dates of service) SECURITY NO.	. 01
11 11 11 11 11 11 11 11 11 11 11 11 11	APPROXIMATE INTERVAL
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/DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	7 1 +
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heard follure, asthemio, etc. Il means the disease,	
injury or complication which caused dealn.)	
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DISEASES OR CONDITIONS, it any, giving DUE TO, OR AS A CONSEQUENCE OF: Tise to the obove couse (A) stoting the	
UNDERLYING CONDITION last. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
▼ DISEASE OR CONDITION GIVEN IN PART 1 (A).	
198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONDITION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONDITION CERTIFYING CAUSES OF DE.	ONSIDERED ATH?
WAS PERFORMED WAS PERFORMED IN CERTIFYING CAUSES OF DE. 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY I.e.g., in or obout 21 C. WHERE DID (It in Baltimore City, give e	
OR CONTRIBUTING TO CAUSE OF home form foctory street office bidg INTURY OCCUP?	exact location)
DEATH Inafify medical examiner)	
21D. TIME (Manth) (Day) (Year) (Haur) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While	
At Work	
	1972
that (1) (we) last saw the deceased alive an 9-May 19 72 and that in (my) (our) opinion death	/
	occurred on the dote
ond haur and from the causes stoted obove. (1) (We) (did) (did not) view the body ofter deoth.	CIONED
23A. SIGNATURE 23B. DATE 23B. DATE	SIGNED
Cichard Tisher Degree Phys. Director Phys.	lay - 72
23C. PHYSICIAN'S NAME ITYPE	11 / 1
Professor E Eschatta Sent Baltingre Con. +	tosp. trel
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or of	county) (State)
REMOVAL (Specify) 5-12-72 (1-1/12/04)	· Puarin ha
25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR 25C. FUNERAL DIRECTOR	ADDRESS OF MI
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR	2008
MAILA DIE TOME TO OFFICE TO OFFICE TOME TO	200 PRNN, Rg 10.
/S 150-REV. 1/1/6B	V /



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

2012 -000	BALTIMORE CITY	HEALTH DEPARTMENT		72 04550	
0-260 72 04550	CERTIFICA	TE OF DEATH	REG. NO	12 030)0	
1. NAME OF DECEASED (Type of Print) BAKER OLIVE	ER D	2. DATE AN	D HOUR OF DEATH	111.25 Pm.	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUN	e deceased lived. Il in	stitution: residence before admission)	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITU ADDRESS OR LOCATION)	TION, GIVE STREET	MD		2404	
IN STITUTION		C. CITY OR TOWN	D. INSI	VES NO	
SOUTH BALTIMORE GE	NERAL	E. STREET AND NUMBER		16250 140	
7	OSPITAL	417 E. FO	DRT AVE	NUE	
5. SEX 6. RACE WIDOWED	NEVER MARRIED DIVORCED		ost bisthday	If Under 1 Yr. II Under 24 Hrs. Months: Doys Hours Min,	
done during most of working life, even if retired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign).	gn country)	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	0 :		
Offie D. Baker		Nellie M.	Baker		
15, Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give wor or dates of service)	6. SOCIAL SECURITY NO.	17. INFORMANT admissis	n short	ADDRESS	
18. 4 / 7	CAUSE OF DEATI	1		APPROXIMATE INTERVAL	
DISEASE OR CONDITION DIRECTLY	Ren	no To	9 40.	BETWEEN ONSET AND DEATH	
LEADING TO DEATH (This does not mean the made of dying, e.g.,	(A) IMMEDIATE CAU	SE A CONSEQUENCE OF:	of porce	roa Thoms	
heart failure, asthenia, etc. It meons the disease, injury or camplication which caused death.)	- 0				
ANTECEDENT CAUSES	Reci	I musicule.	I whose	5 days	
DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	<i>V</i>		
rise to the above cause (A) stoting the UNDERLYING CONDITION last.	(c)	SCVD			
11					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).					
	HICH OPERATION	20A. AUTOPSY? (Yes or No	20B, IF YES, WERE I	FINDINGS CONSIDERED	
19A. DATE OF OPERATION 198. CONDITION FOR WWAS PERFORMED		797	IN CERTIFYING CAL	USES OF DEATH?	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	PLACE OF INJURY (e.g., i e, lorm, loctory, street, of	n or obout 21 C. WHERE DID	(II In Baltimor	e City, give exoct locotion)	
	INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?		
(APPROX.) While	e At Not While				
22. I certify that [] (this hospital) attended th	e deceosed from	5 Mbg 1	9 72 10	10 Mg 10 2	
that (1) (we) lost sow the deceased alive on	10 Mes	19 72 and the	ot in (my) (our) opi	nion death occurred on the date	
and hour and from the couses stated above. (M) (We) (did) (did not) view the body after death.					
23A. SIGNATURE	nding Med.	Shaff Phys.	23B, DATE SIGNED		
23C. PMYSICIAN'S NAME (Type)	GEOREE	23D. ADDRESS			
1	DEGREE				
24A. BURIAL CREMATION, 24B. DATE 24C. NA REMOVAL Specily)	ME OF CEMETERY OF CRE	MATORY 24D. LC	La Cal	ty, towa, or county) (Stote)	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME	FREGISTRAR	25C FUNERAL DIRECTOR	10	BO E FOIT CO	
MAY 1 2 1972 R. G. B. E. Ja Bang	AB O	Market	9-10	0 C TOH Cy	
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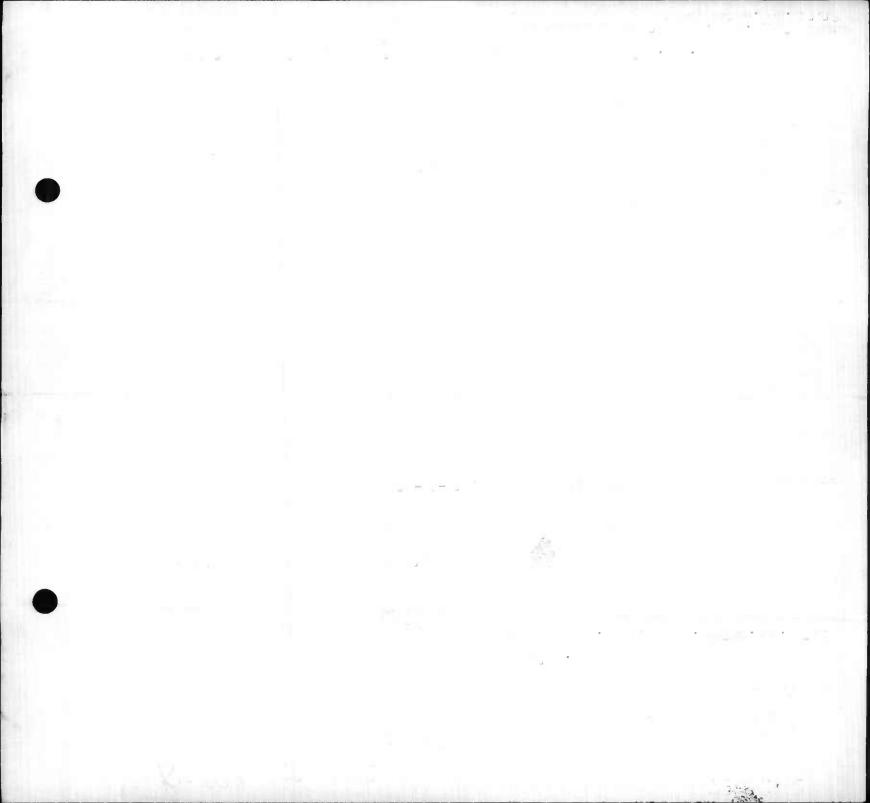
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

•	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH	REG. NO	72	04551	
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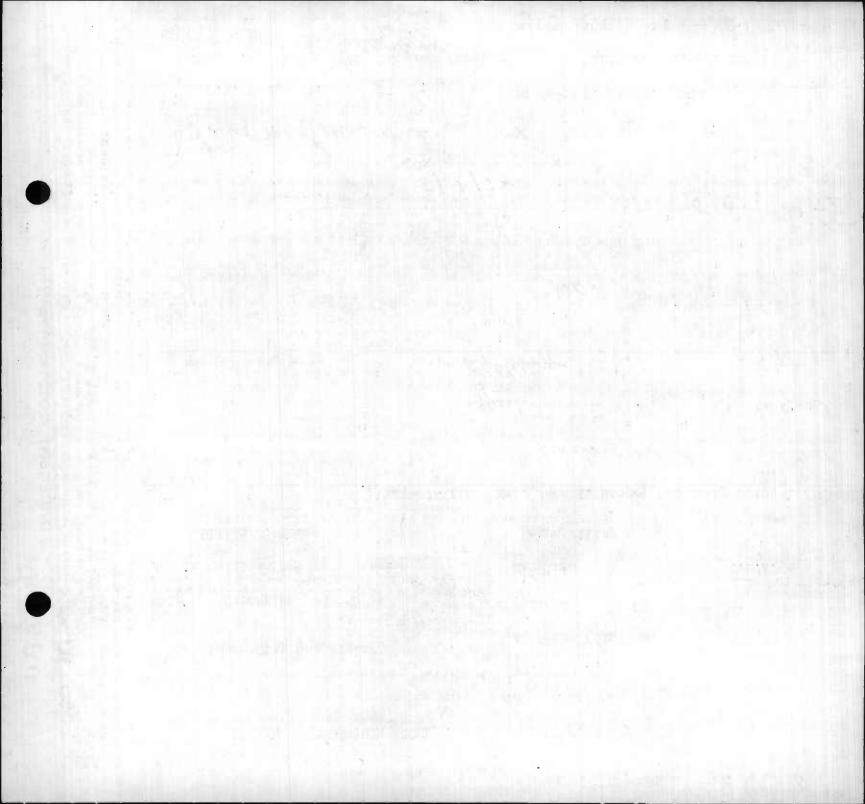
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C 200	4551 CERTIFICA	TE OF DEATH REG. I	No. 72 04551
I.NAME OF DECEASED	7.001 CERTIFICA		
(Type or Print Wakes	- C-5%	2. DATE AND HOUR OF	DEATH
		12078,1	972 2.12 P.M.
3. PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	A. STATE & COUNTY	972 2:12 P. M. red. Il institution: residence before admission
FULL NAME OF (IF NOT IN HOSPITA	AL OR INSTITUTION, GIVE STREET	Me SYKESVILL	TT DATE OF THE PARTY OF THE PAR
HOSPITAL OR ADDRESS OR LOCA	TION)	C. CITY OR TOWN	D. INSIDE CITY LIMITS?
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21 S. Gregoria		E. STREET AND NUMBER	
	20 20201	SPRINGFIELD ST	HOSP
S. SEX 6. RACE	7. MARRIED NEVER MARRIED		
(7)	WIDOWED DIVORCED	9-29-10st birthday	Months Doys Haurs Min.
IOA, USUAL OCCUPATION (Give kind of work			5
dane during most of working life, even il retired)	IN KIND OF BUSINESS OR INDUSTRI	II. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY?
LABORER		ND.	U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
7	7		
DOSCRY COS:		1/ARY C	ADDRESS
5. Was Deceased Ever in U.S. Armed Fara Yes, no or unknown) (If yes, give war ar dates	es? 1 6. SOCIAL of service) SECURITY NO.	17. INFORMANT	ADDRESS
16	218 01 3230	Ms. Dorothy M. Liken	-4245 Chapel R21128
18. SN2.	CAUSE OF DEAT		1 APPROXIMATE INTERVAL
Flo			BETWEEN ONSET AND DEATH
DISEASE OR COMBLIGATION DIR	ECTLY		
(This does not mean be made hear foilure, asthenia, of the mans injury ar camplication white caused	(A) IMMEDIATE CAL	A CONSEQUENCE OF:	ARREST / HOUR
heart failure, asthenia, of theans	Me Disease, DUE TO, OR AS	A CONSEQUENCE OF:	
injury or complication which coused	deditou		
ANTECEDENT CAUSE		Pur mariner	
DISEASES OR CONDITIONS, if	giving (B) DUE TO, OR AS	A CONSEQUENCE OF:	3.05.4.
rise to the above cause (A)	slow the		
UNDERLYING CONDITION lost.	(c)		***************************************
11	*		
OTHER SIGNIFICANT CONDITIONS CON	ITRIBUTING	5.0	== 0
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART	E TERMINAL JUBITED	CHANTORIC FY. (2)	FONGE 7 DATS
19A. DATE OF OPERATION 119B. CONE	ITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES,	WERE FINDINGS CONSIDERED
WAS PERFO		IN CERTIFYIE	NG CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g., i hame, farm, factory, street, of	n at about 21 C. WHERE DID (If In 1	Baltimare City, give exoct lacotion)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)			
0	Mr zysetol	Apringheld	State Horn
OF INJURY (Month) (Doyl (Year)	(Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROXI 4- 29- 72	While At Work Not While At Work	· I feel sown) 4/TI)
22. I certify that (1) (this hospital)	/ 40 -		1974 P 1974
that () (we) last saw the deceased	office on 197	19 24 and that In (my) for	ur) of inion death occurred an the date
and hour and from the causes state	ed above. (It (We) did) (Mid not) v	lew the body ofter death.	
23A. SIGNATURE			23B. DATE SIGNED
7. 1/1	Atte	nding Med. Staff	20
La Colonia	DEGREE Phys	Director Phys.	1 /23 8, 1972
23C. PHYSICIAN'S NAME (Typel		23D. ADDRESS	
LOD A. COURT	ney ma	22). Gen	260 \$ 37.
4A. BURIAL CREMATION, 248, DATE		/ 1-05/	
The state of the s	24C. NAME OF CEMETERY OF CRE	MATORY 124D. LOCATION	(City, town, or equaty) (State)
REMOVAL (Specify)	24C. NAME OF CEMETERY OF CRE		(City, town, or county) (State)
Burial 5-12-72	24C. NAME OF CEMETERY OF CRE St. Joseph's (en		
Burial 5-12-72	24C. NAME OF CEMETERY OF CRE	netery Fuller	ton, Maryland
Burial 5-12-72	24C. NAME OF CEMETERY OF CRE St. Joseph's (en	netery Fuller	
Burial 5-12-72	24C. NAME OF CEMETERY OF CRE St. Joseph's (en	netery Fuller	ton, Maryland

-4204. State Marginary of MbA- 78/8

BALTIMORE CITY HEALTH DEPARTMENT 72 04552 REG. NO. CERTIFICATE OF DEATH Such death Deceased I. NAME OF DECEASED 2. DATE AND HOUR OF, DEATH LO (Type or Print) hospital death. of 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Whose deceased lived, II institution: residence attendance (2) cause FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN (4) Undetermined cause; 0 0 INSTITUTION D. INSIDE CITY LIMITS? E. STREET AND NUMBER YES NO prior contributing occurred S. Decker Ave. Balto. Md. is made. 10 8. DATE OF BIRTH If Under 1 Ye. Il Under 24 Hrs. Hours i Min. 9. AGE (In years regu deceased Hours WIDOWED DIVORCED kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or loreign country) 12. CITIZEN OF WHAT COUNTRY? death disposition 2 done during most of working life, even if retired) 0 cashier House of Welsh MOS the 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME direct assistant death 0 kind 15. Was Deceased Ever in U. S. Armed Forces 16. SOCIAL 17. INFORMAN ADDRESS (Yes, no or unknown) (If yes, give war or dotes of service) final SECURITY NO. attendance 7-03-4172 Anna 25 any unced OL 18. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed fracture of LEADING TO DEATH (A) IMMEDIATE CAUSE prono (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: hearl failure, asthenia, etc. It means the disease, regular injury or camplication which caused death.) ANTECEDENT CAUSES who are 4 DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: rise to the above cause (A) stating the 2 physician remains UNDERLYING CONDITION last Was 11 ICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Cian TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). Body 0 the chief the 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 0 CERTIFI WAS PERFORMED physi No 3 OR CONTRIBUTING CAUSE OF where 218. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (Il in Boltimore City, give exect location) to the hospital °Z MEDICAL be DEATH (notify medical examined any nature; ס 21D. TIME OF INJURY (Month) (Doy) (Yeor) (Hour) 21 E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 btaine approved (except Not While While At (APPROX.) pub Work At Work 22. I certify that (I) (this hospital) attended the deceased fram 0 that (i) (we) last saw the deceased alive an. pe and that in (my) (aur) apinion death accurred on the date ō hospital eath) and have and from the causes stated abave (1) [We] (did) [did nat) view the body after death. he body was released must accident 23A. SIGNATURE 23 B. DATE SIGNED Ď Attending [10 approval Director DEGREE Q 23C. PHYSICIAN'S NAME (Type) prior 23D. ADDRESS at An 24A. BURIAL CREMATION, REMOVAL (Specify) shows: (1) 24B. DATE 24C. NAME of CEMETERY OF CREMATORY bespesed D.O. 24D. LOCATION (City, town, or county) (Stotel Buria 5/70/ Holy Redeemer Cemetery Balto. Md. Was 25A. DATE REC'D BY HEALTH DEPT. 258. MAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS Homes, Brehms Schimunek-Funeral VS 150-REV. 1/1/68



1	111	BALTIMORE CITY	HEALTH DEPARTMENT	/	72 04553
BIRT	77-600 TH NO. 72 14553	CERTIFICA	TE OF DEATH	REG. NO.	- (37)0
, N	AME OF DECEASED		2. DATE AND	HOUR OF DEATH	
	WILLIAM GOLDSBOROUGH			ay 1972	
3. P	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	CED DEAD	A. STATE B. COUNTY	deceased lived. If instit	tution: residence before odmission)
FUL	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTI SPITAL OR ADDRESS OR LOCATION)	ON, GIVE STREET	Md. Baltimore		5 300
NS.	TITUTION		C. CITY OR TOWN		CITY LIMITS?
5	Baltimore City Hospitals		E. STREET AND NUMBER		E3 [] NO K
	partimore orty Ospitars		440 Rocky Poin	t Rd.	
. \$1	EX 6. RACE 7. MARRIED	NEVER MARRIED		AGE (In years N	If Under 1 Yr. If Under 24 Hrs. Nonths: Doys Hours Min.
	ale Caucasian WIDOWED	DIVORCED [8 Spt. 03	68	
	USUAL OCCUPATION (Give kind of work 108, KIND OF Be during most of working life, even if retired)	USINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY
	olling mill worker Steel		Maryland		U.S.A.
3. F	FATHER'S NAME		14. MOTHER'S MAIDEN NAMI		
	William S. Moore		Laura Willey		
5. V Yes,	,no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.	17. INFORM ANT		ADDRESS
X1	2	13-07-1712		ore, 440 Roc	ky Point Rd. 2122
	18.	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		SE RESpiratory A CONSEQUENCE OF:	arrect.	Sudden.
	(This does not mean the mode of dying, e.g.,	DUE TO, OR AS	A CONSEQUENCE OF:		
	hearl foilure, osthenio, etc. II meons the disease, injury ar complication which caused death.)	11	. ,	/ D	10 yes
	ANTECEDENT CAUSES	(8) 1234	berleusia E.	/· レ ·	10 ges
	DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the	DUE TO, ON	LENEURINE C. L		
	UNDERLYING CONDITION last.	(c) as	Mima.	••••	4 ys.
_	II and the second				
Ĕ	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL				
	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WH	ICH OPERATION	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE FIN	IDINGS CONSIDERED
ERTIFIC	WAS PERFORMED		No.	IN CERTIFYING CAUS	ES OF DEATH?
U	OR CONTRIBUTING CAUSE OF home,	ACE OF INJURY (e.g., in form, factory, street, of	n or obout 21 C. WHERE DID	(If in Boltimore C	City, give exact location)
CA	DEATH (notify medical examiner) etc.)				
MEDI	OF INJURY	AJURY OCCURRED	21F. HOW DID INJUI	RY OCCUR?	
	(APPROX.) While Work	At Work		20 -	1-
	22. I certify that (I) (this haspital) attended the	deceased from	19	37.10 5/	19. 1972
	that (1) (we) lost sow the deceased alive on	/ /	7.219 ond that	in (my) (our) opinio	on deoth occurred on the do
	ond hour and from the couses stoted obove. (1)	(and) (did nat) v	iew the body ofter death.		
1	23A. SIGNATURE	LA A D AHO	nding Med. S	11.	3B. DATE SIGNED
	down . Tallew M	DEGREE	s. Director L Pl	hys.	
	23C.PHYSICIAM'S NAME (Type)		23D. ADDRESS		
244	L.N. Tollin MD	GEGREE	6908 North Poin		
(4A)	REMOVAL (Specify)	E of CEMETERY or CRE			town, or county) (Stote)
A 2 C	burial 11 May 1972 Oa.	k Lawn Cemet		to Co., Md	
C JA	MAY 1 2 12/2	RE OF I KAR	25C. FUNERAL DIRECTOR	J Hames Da	ADDRESS
	150-REV. 1/1/68	200	OPTITION LINEAR	T nomes, pa	lto., Md. 21206
1					



icate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

FUNERAL DIRECTOR: IMPORTANT

roved by the chief medical examiner

the body was released to the hospital by a medical shows: (1) An accident of any nature; (2) Body burns;

This cortificate must be

or his assistant if death occurred in

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was in regular attendance on the the deceased prior to death. Such

the

deceased prior to death); and (6) No physician was in regular attendance on was D.O.A. at a hospital (except where the physician who pronounced

death

BALTIMORE CITY HEALTH DEPARTMENT

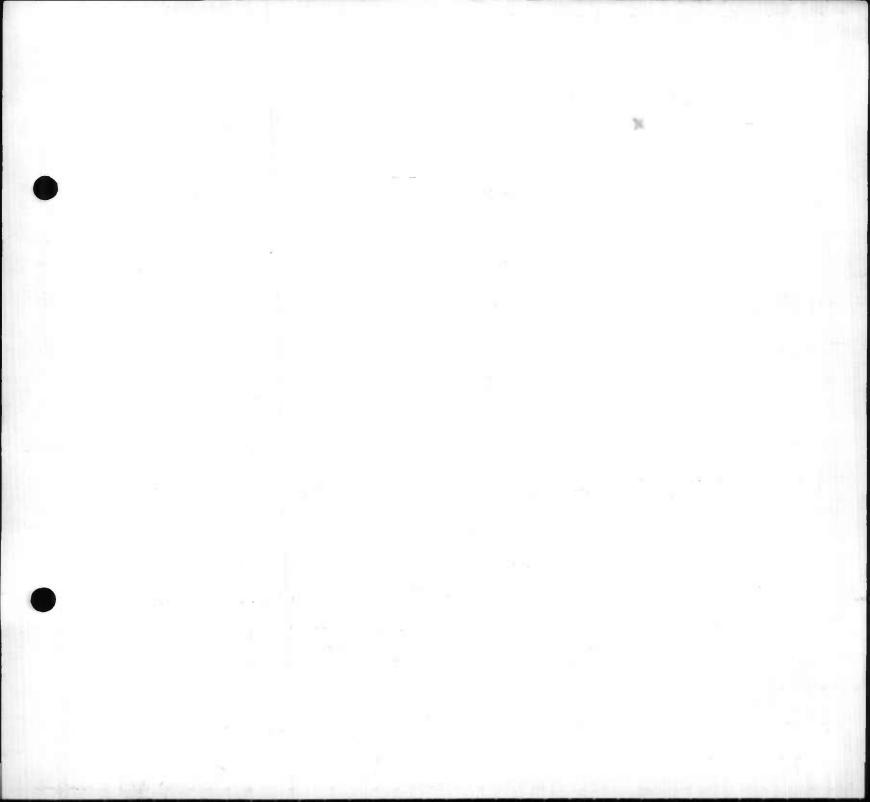
REG. NO.	72	ΩA	55A	
	11/2		1 / 1	•

BIRIH NO. (2 0455)	* CEKTIFICA	TE OF DEATH	REG. NO	re U1009
1. NAME OF DECEASED	1	2, DATE A	ND HOUR OF DEATH	5
3. PLACE IN BALTIMORE, MARYLAND, WHERE PROP	HOUNCED DEAD	II4 USUAL RESIDENCE (WI	9-197	2 3 A A
	0	A. STATE & COU	NTY PALLET	institution, residence before admission
FULL NAME OF IF NOT IN HOSPITAL OR INS ADDRESS OR LOCATION)	TITUTION, GIVE STREET	Maryland c. CITY OR TOWN	DALIO	CIDE CITY HARES
Baltimore City Hosp	itals	Baltimore	D. IN	YES NO X
4940 Eastern Avenue		E. STREET AND NUMBER		its NOKI
Baltimore, Maryland	21224	67 Willow Spr	ring Road	21222
	D NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years last birthday)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
Male Caucasian WIDOW		8-30-08	63	
10A, USUAL OCCUPATION (Give kind of work 10B, KIND done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY		eign country)	12. CITIZEN OF WHAT COUNTR
advertising		Colo.		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N		
Gordon E. DeLucy		Mabel Sl	neppnera	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown! (If yes, give war ar doles al service	1 6. SOCIAL SECURITY NO.	17. INFORMANT	4940 Eact	ern Avenue
NO WITT	411-09-6876	BCH-Records		Maryland 21224
18.	CAUSE OF DEAT			APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Con	gestive H	eart to	rifule.
(This does not mean the made of dying, e.	(A) IMMEDIATE CAU	SÉ A CONSEQUENCE OF:		10 45
heal failure, asthenia, etc. Il means the diseastinjury ar camplication which caused death.)	ie,	A CONSEQUENCE OF:		
ANTECEDENT CAUSES				1 100
DISEASES OR CONDITIONS, if any, givin	(B) DUE TO, OR AS	A CONSEQUENCE OF:		
rise to the above cause (A) stating II UNDERLYING CONDITION last.	he.			
ALL	(c)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	G			100000000000000000000000000000000000000
TO THE DEATH BUT NOT RELATED TO THE TERMINA DISEASE OR CONDITION GIVEN IN PART 1 (A).			*************************	
1994 DATE OF OPERATION 1995 CONDITION FOR WAS PERFORMED	R WHICH OPERATION	NO	o) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	1B. PLACE OF INJURY (e.g., in ame, form, factory, street, of ic.)	n at about 21 C. WHERE DID	(il In Baltima	re City, give exoct location)
	L INJURY OCCURRED	21F. HOW DID IN	III O COURT	
S OF INJURY	While At Not While	ZIG HOW DID IN	JURY OCCUR!	
V				70
22. I certify that (i) (this hospital) attended		70	19 71 to 5-9-	19
that (I) (we) lost sow the deceased alive an		VIII 1		inian deoth accurred on the dat
and haur and from the causes stated above.	(I) (We) (did) (did nat) v	iew the body ofter death.		
[Ol ol ol	1 ma AHO	nding Med.	Stell Betz	23B, DATE SIGNED
23 C. PHYSICIANES	DEGREE Phys	Director L	Staff Phys.	5-9- 1972
23C. PHYSICIAN'S NAME (Type)	I MAN	23D. ADDRESS 494	O Eastern A	venue
CHU-SHIN CHI	DEGREE NAME of CEMETERY OF CRE	Baltimo	re city	Mospitals
24A. BURIAL CREMATION, 24B. DATE 24C. REMOVAL (Specify)	STATE OF GENTLERE OF CRE	MAIURI 24D. I	LOCATION	ity, town, or county) (State)
Bremation 10 May 72 L	oudon Park Crem	natory Ba	ltimore, Md.	ADDRESS

NAME	
Sheppherd	
	ADDRESS
4940 Eastern A	venue
Baltimore, Mar	vland 21224
Dar crimor car	APPROXIMATE INTERVAL
11 1 5 11	
Heart Failn	le
	10 413
	1965

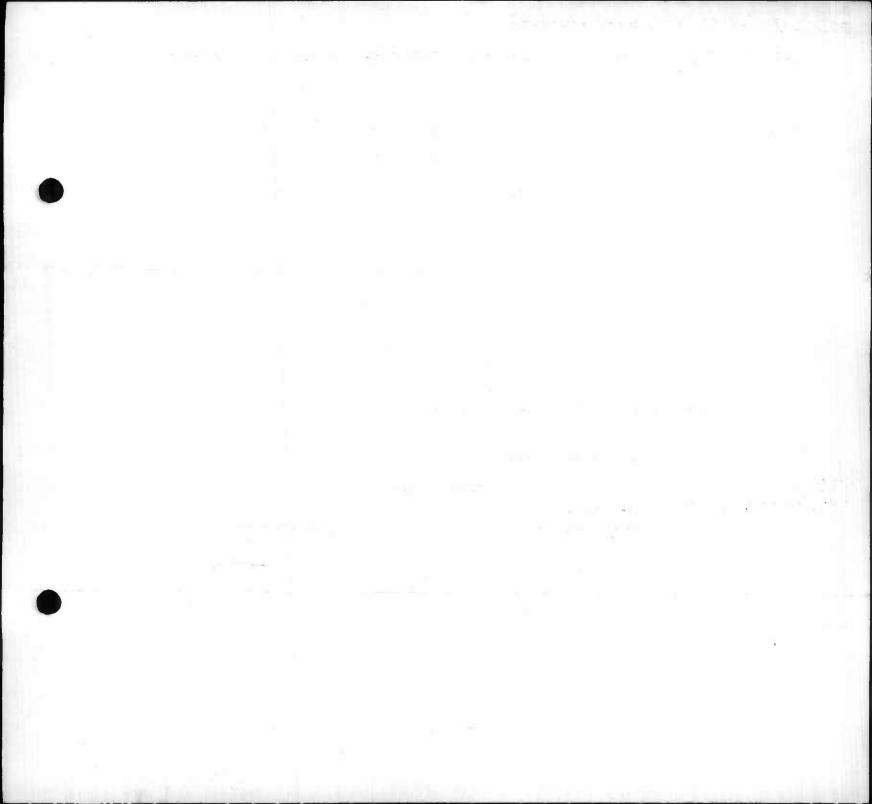
IN CERTIFYING CAUSES OF	S CONSIDERED
IN CERTIFYING CAUSES OF	DEATH?
D (il in Saltimare City, o	
D (il in Baltimare City, gi	ve exoct locotion)
INJURY OCCUR?	
INJURI OCCURI	
19 71 to 5-9-	19
19 <u>/</u> to	19
d that in (my) (our) opinian de	oth accurred on the date
ith.	
	TE SIGNED
Staff Phys. 5-	9- 1972
940 Eastern Avenue	1 1 1
ore City A	ospitals
ore City H D. LOCATION (Gily, lown,	or county) (State)
	,
Baltimore, Md.	
CTOR	ADDRESS
0 -1 11 5 - 2 21	20050
Pal Home, Dundalk	, Md. KIKKK

VS 150-REV. 1/1/68



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	11-654		HEALTH DEPARTMENT	REG. NO	72 04555
1	RTH NO.	CERTIFICA			
	vne or Pool	RSHALL	2. DATE	AND HOUR OF DEATH	22 1 11 100
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE		4. USUAL RESIDENCE (W	/here deceased lived. If in	72 // / / / M. stilution: residence before admission)
FL H	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	, GIVE STREET	C. CITY OR TOWN	D. INS	IDE CITY LIMITS?
11	ND GEN KOSS		BARTO		YES NO
	W1) 050 700 33		E. STREET AND NUMBER	NTEBSLIO	TERR
5.	SEX 6. RACE 7. MARRIED N	EVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Doys Hours Min.
	WID OWED _	DIVORCED	9/18/06	65	THE STATE OF THE S
do	A. USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSING MORE)	NESS OR INDUSTRY	11. BIRTHPLACE (State or I	oreign country)	12. CITIZEN OF WHAT COUNTRY?
	HOUSEWIFE		MI		USA
13.	FATHER'S NAME		4. MOTHER'S MAIDEN N	IAME	
	JOHN D. JLOFKE			M. LANG	
15. (Yo		SECURITY NO.	7. INFORMANT T.W.	MARSHALL 320	HMONER SELO TERR.
	NO 21	6-01-3846	PT- HU.	SB	JAME 214 14
	18. 4 10 11	CAUSE OF DEATH			APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ACUSTE		- INFARCA	DAYS
	(This does not meen the made of dying, e.g., heart loilure, asthenio, etc. It means the disease,	(A) IMMEDIATE CAUS DUE TO, OR AS A	CONSEQUENCE OF:		
	injury or complication which caused deoth.)	Angento	SCHRORC	14-APG NO	5 yrs
	ANTECEDENT CAUSES			(1011-1)	, ,
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	DUE TO, OR AS	CONSEQUENCE OF:		00 000 000 000 000 000 000 000 000 000
	UNDERLYING CONDITION lost.	(c)			
NOL	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL				
N S	DISEASE OR CONDITION GIVEN IN PART 1 (A).	H OREDATION	20A-AUTOPSY? (Yos or	Mail 200 IN Mar Mans I	TAID HOS CONSTITUTE
CERTIFICATION	WAS PERFORMED	TOTERATION	125	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
11	On CONTRACTOR TO CALLED ON	E OF INJURY (e.g., in m., foctory, street, offi	or about 21C. WHERE DID co bldg. INJURY OCCUR?	(If In Boltimor	e City, give exect location)
MEDICAL	21D-TIME (Month) (Doy) (Yoon) (Houd) 21E, INJU	RY OCCURRED	21F. HOW DID I	NJURY OCCUR?	
3	(APPROX.) While At Work	Not While			
	22. I certify that (i) (this hospital) attended the de	ceased from 4-	26	19 22 ta J	8 19 72
		5.8			nian death accurred an the date
	and haur and fram the causes stated above, (1) (We	(did) (did nat) vi	ew the bady after deat	h.	
	23A. SIGNATURE				23 B. DATE SIGNED
	sterma feller	DEGREE Phys.	ding Med. Director	Staff Phys.	8/MAY 72
	23G. PHYSICIAN'S NAME (Type)		D. ADDRESS	(1/5)	-0
24/	SHERRY CONTY	DEGREE OF CREA	AATORY 1313	LOCATION (Cit	<i>F</i>
	REMOVAL (Specily)	wood Cem	ave a second		y, town, or county) (Stole)
25/	A. DATE REC'D BY HEALTH DEPT. 258, NAME OF REC	GISTRAR	In a de Marana a la	194270. Co., N	
	MAY 1 2 1972 Public Egylandery	ME AD O	CLERICH FIRE	WERA HOLLE ?	BALTO MO. 21206
VS	150-REV, 1/1/68		11. 11. 4	L. 1 1 - 110,0,0, 1	71.40,10.00



This certificate must be

a hospital and

R-100	20 0		HEALTH DEPARTMENT	72 04558
INAME OF DECEAS			2. DATE AND HOUR OF DEAT	70
		OLINE A. ROBET		MA.
3. PLACE IN BALIIM	ORE, MARYLAND, WHERE P	RONOUNCED DEAD	A. STATE B. COUNTY	institution: residence before admission)
FULL NAME OF	(IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	BMARYLAND BALTI	MORE
INSTITUTION			C. CITY OR TOWN	ASIDE CITY LIMITS?
LON	G GREEN NUR	SING NOME	E. STREET AND NUMBER	YES NO K
70			901 WELLINGTON Ro	DAD
5. SEX 6. §	7- MAI	RRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yeers	If Under 1 Yr., if Under 24 Hrs. Menths: Doys Heurs: Min.
		OWED DIVORCED	JULY 7, 1894 birth 77	Menns Doys Heurs Min.
dene during most of work	TION (Give kind of work 10B, KII ing lile, even if retired)	NO OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Steto or fereign country)	12. CITIZEN OF WHAT COUNTRY
HOMEM.	The Control of the Co		Washington D.C.	USA
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME	
	HARRY C. SC	OTT	LOUISE SCHOLL	
15. Was Deceased Eve	r in U. S. Armed Forces? yes, give wer or deles of ser	16. SOCIAL	17. INFORMANT	ADDRESS
NO	yes, give wer or deles or ser	577-03-680	03 Mrs. Merritt A. Bir	RCH 901WELLINGT
(This does not a heart failure, ast injury or complic	PR CONDITION DIRECTLY DING TO DEATH mean the mode of dying, serio, etc. It means the disalion which coused deoth.) ECEDENT CAUSES CONDITIONS, if any, so bove couse IAI stating	(B) (B) DUE TO, OR AS	A CONSEQUENCE OF: A CONSEQUENCE OF: A CONSEQUENCE OF:	BETWEEN ONSET AND DEATH
UNDERLYING C	ONDITION last	(C)	***************************************	
O OTHER SIGNIFICATION TO THE DEATH BUT TO THE DEATH BUT TO SEASE OR CONDITIONS	II TI CONDITIONS CONTRIBUT TO NOT RELATED TO THE TERM ITION GIVEN IN PART 1 (A).	ING INAL		***************************************
19A. DATE OF OP	PRATION 198 CONDITION WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yos or No.) 20 B. IF YES, WER	E FINDINGS CONSIDERED
OR CONTRIBUTION DEATH (notify med	VAS UNDERLYINO 3 CAUSE OF Cause of	21 B. PLACE OF INJURY (e.g., inhomo, ferm, fectory, street, of	n or obout 21C, WHERE DID (II In Boltim fice bldg., INJURY OCCUR?	ere City, give exact location)
OF INJURY (APPROX.)	nnth) (Deyl (Yeor) (Hour)	While At Not While At Work	21F. HOW DID INJURY OCCUR?	4
22. I certify the	(1) (this hospital) otten	ded the deceased from	1pril 10 1969 10 /1	MAN 5 19/2
	t saw the deceased alive	/ / / /		pinion death occurred on the date
23A. SIGNATURE	Ine conses stated and	ve. (1) (We) (did) (did not) v	lew the body after deoth.	23B. DATE/SIGNED

Attending Phys. Med. Director 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS

C. Post DR. LAURENCE 24A. BURIAL CREMATION, 24B. DATE

YORK ROAD 6805

CEMETERY OF CREMATORY 24D. LOCATION 72 ROCK CR. CREEK

D.C.WASHINGTON

25C. FUNERAL DIRECTOR MITCHELL-WIEDEFELD

ADDRESS 6500 HOME

(Stote)

VS 150-REV. 1/1/68

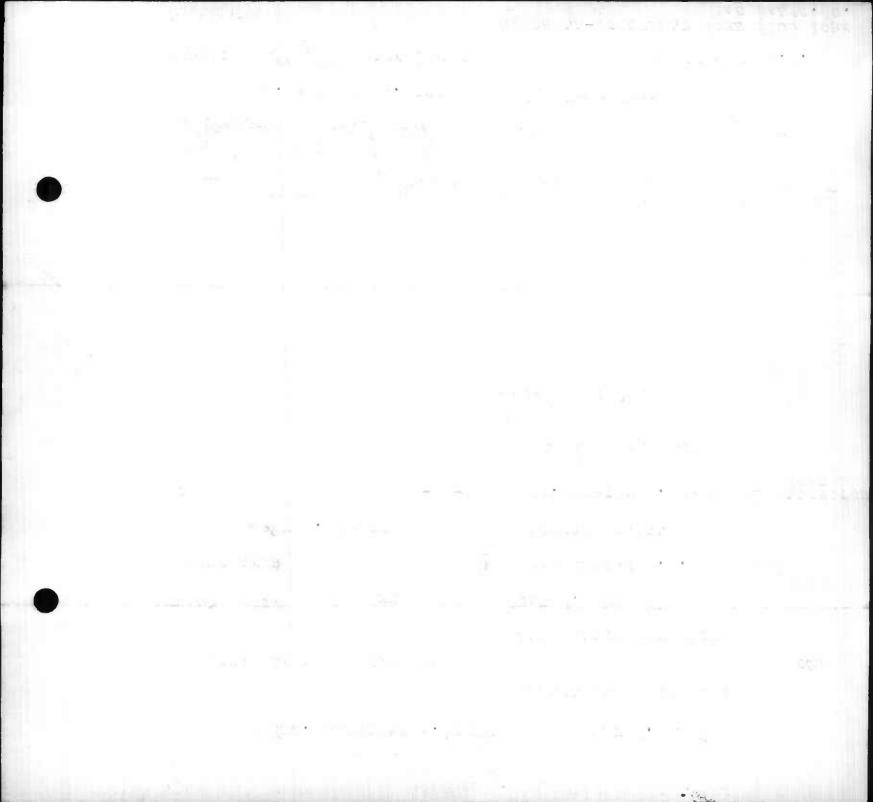
5/1 H972 DEFT

BURIAL 25A. DATE MEC'D

72

ROAD

(City, lown, er county)



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death.) and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

over

	Y HEALTH DEPARTMENT	
C-600 72 04557 CERTIFICA	TE OF DEATH REG. NO. 72 04557	
BIRTH NO.		
1. NAME OF DECEASED (Type or Print) A A A A A A A A A A A A A A A A A A A	2. DATE AND HOUR OF DEATH 30	1
ROBERI CARR	5-/2-72 3 A	M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admiss A. STATE B. COUNTY	sion
FILL NAME OF HE NOT IN HOSPITAL OF INSTITUTION GIVE STREET	Maryland 704	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?	
INSTITUTION .	Baltimore YES NO	
The Johns Hopkins Hospital	E. STREET AND NUMBER	
1100000	1746 Ashland Avenue	
5. SEX 6. BACE 7. MARRIED NEVER MARRIED		Hrs
WORKINGS THEACH WORKINGS	last birthday // Months Days Hours M	lin.
Male Negro WIDOWED DIVORCED 10A USUAL OCCUPATION (Give blind of work 10B, KIND OF BUSINESS OR INDUSTRY	1/24/30 11. BIRTHPLACE (State or foreign country) 112. CITIZEN OF WHAT COU	AITRY
done during most of working life, even if retired)	12 CHIZER OF WAX! COU	MIKI
	N.C. N.2.14.	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15. Was Deceased Ever le U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS	
15. Was Deceased Ever le U. S. Armed Ferces? (Yes, no or unknown) Uf yes, give war or dates of zervice) 16. SOCIAL SECURITY NO.		
in the second se	HNNIS / MANOR	
18. 94 5 91 CAUSE OF DEATH	"H Cranio cevebral Injunics BETWEEN ONSET AND I	VAL
DISEASE OR CONDITION DIRECTLY	cranio cerebral fajori.	
LEADING TO DEATH (A) IMMEDIATE CAU	USE Roselow Heaven Jago 3 day	
(This does not mean the mode of dyling, e.g. DUE TO, OR AS, heart failure, asthenia, etc. It means the disease	A CONSEQUENCE OF:	
injury or complication which caused death to		
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, if any, giving bye To, OR AS	S A CONSEQUENCE OF:	
rise to the above cause (A) stating the		
UNDERLYING CONDITION last		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
DISEASE OR CONDITION GIVEN IN PART 1 (A).		
19A DATE OF OFERATION 19A CONDITION FOR WHICH OPERATION WAS PERFORMED	20A AUTOPST? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A DATE OF OFERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED 21A ACCIDENT WAS UNDERLYING 121B PLACE OF INJURY (e.g., in the condition of t	165 100	
OR CONTERUTING CAUSE OF home, form, foctory, street, of	in or about 21 C. WHERE DID (If in Baltimare City, give exact location) Thice bidg, INJURY OCCURY	
DEATH (notify medical examined)	Not Knowy	
O 210-TIME (Month) (Day) (Year) (Hour 215 INJURY OCCURRED	215. HOW DID INJURY OCCUR?	
210. TIME (Month) (Day) (Year) (Hour 215 INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	0000
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7/1/72 - Epileptic seizure Information no phone Med Cram office

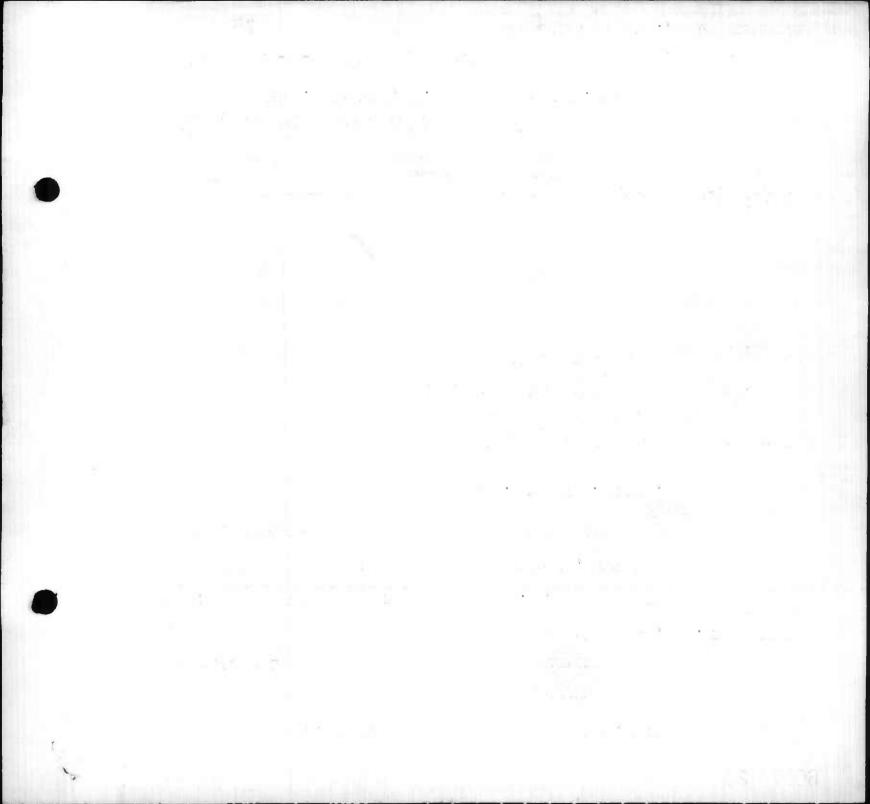
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

1	1 252			BALTIMORE CITY	HEALTH DEPARTMENT		4.5
MR	TH NO.	72	04558	CERTIFICA	TE OF DEATH	REG. NO.	72 04558
1, N (Typ	AME OF DECEAS	LILLIE W	HITING		MAX	Y 7, 1972	Μ.
		ORE MARYLAND, V			A. STATE 8. COUN MARYLAND	te deceased lived. If insti	itution: residence befare odmission)
HO	LL NAME OF DISPITAL OR STITUTION			TUTION, GIVE STREET	C. CITY OR TOWN BALTIMORE		E CITY LIMITS? YES X NO
0	0	.95 D RU ID HI	LL A, WEL	NOE.	E. STREET AND NUMBER	oud Hill (int
5. 5	FEMALE 6.	RACE NEGRO	7- MARRIED		JUNE 3,1887	9. AGE (In years lost birthdoy) 84.	If Under 1 Yr. If Under 24 His. Manths Days Haurs Min.
		king life, even if retired)		F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore CALLISON, GREE		12. CITIZEN OF WHAT COUNTRY?
13.	ALEC T	RAPP			14. MOTHER'S MAIDEN NA	ME NAH WASHINGTO	N
15. Yes	Was Deceased Ev s, no ar unknown) (If NO	er in U. S. Armed Fo yes, give wor or date	rces? es of service)	16. SOCIAL SECURITY NO. 217-21-1655	17. INFORMANT BESSIE SMITH-23	33 E.MT.PLEAS	ANT AVE., PHILA., PA
ATION	(This does not heart failure, ast injury at cample AN DISEASES OR rise to the UNDERLYING OTHER SIGNIFICATO THE DEATH EDISEASE OR CON	OR CONDITION DI ADING TO DEATH mean lhe mode af lhenia, etc. Il meons colian which coused TECEDENT CAUSES CONDITIONS, if abave cause (A) CONDITION lost.	dying, e.g., the discosed dooth.) any, giving stating the stating the TERMINAL RT t (A).	(c) CILVE	ACONSEQUENCE OF: WS Clary to Care to	faulire Coragn	
CERTIFIC	0	WAS UNDERLYING	FORMED		20 A. AUTOPSY? (Yes ar No	IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH? City, give exact location)
CAL	OR CONTRIBUTION DEATH (notify me	NG CAUSE OF edical examiner)	ho	me, farm, factory, street, a ;,)	ffice bldg., INJURY OCCUR?		City, give exact jucotion)
MEDI	OF INJURY (APPROX.)	Aonth) (Doy) (Year)	w	E. INJURY OCCURRED hile At Not While At Work	21F. HOW DID INJ	TURY OCCUR?	
	that (I) (we) la ond hour ond fr 23A, SIGNATURE 23C. PHYSICIAN'S NAME (Type	Spok	ted olive an.	(1) (We) (did) (did not) of Margaret Phy	ending Med. Director 23D. ADDRESS 473 4 PAR	Shoff Phys. []	23R. DATE FIGNED 23R. DATE FIGNED 23R. DATE FIGNED
246	BURIAL CREMA REMOVAL (Spec	MAY 12,	1972 BA	LTIMORE NATION		BALTIMORE, MAR	, town, or county) (State)
25A	MAY 12 1	972 Page	25B-HAME	OF REGISTRAR	EDGAR L. LYNCH		HILL AVE-21217



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was B.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such

BIRTH NO.	4559 CEDTIFICA		DEC NO	72 04559
	CERTIFICA	TE OF DEATH	KEG. 140	
1. NAME OF DECEASED		2, DATE	AND HOUR OF DEATH	2.2
BEATRICE S	IEGEL	MAY 1	2, 1972	1026.
3. PLACE IN BALTIMORE, MARYLAND, WHEN	E PRONOUNCED DEAD	A. STATE B. COU	here deceased lived, If i	institution: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL	OR INSTITUTION, GIVE STREET	MARYLAND		1301
HOSPITAL OR ADDRESS OR LOCATION	NI	C. CITY OR TOWN	D. IN:	SIDE CITY LIMITS?
SINAI HOSPITAL		BALTIMORE		YES XX NO
14.5		E. STREET AND NUMBER		CARP - Land
40		2502 EUTAW	PLACE, APT	. 5CC #21217
5- SEX 6- RACE 7-	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs
FEMALE WHITE W	DIVORCED DIVORCED	DEC. 8, 1894	last birthdoy) 77	Months Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of work 108	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	, ,	12. CITIZEN OF WHAT COUNTE
one during most of working life, even if retired) HOUSEWIFE	AT HOME	BALTIMORE, MA	RYLAND	USA
3. FATHER'S NAME	AT HOURS	14. MOTHER'S MAIDEN N		USA
EMANUEL HUCHBERGER		HELEN HAAS	_	
5. Wos Deceased Ever in U. S. Armed Forces?	11/ 200			
es, no or unknown) (II yes, give wor or dates of	service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO	2/2-01-6620	DR. LEONARD E.	SIEGEL,	
18. 4 / / /	CAUSE OF DEATH	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
DISEASES OR CONDITIONS, if any,				
ise to the above cause (A) sta UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING	Man fact	lie L	years.
UNDERLYING CONDITION last.	BUTING ERMINAL A).	recent face	her	years.
UNDERLYING CONDITION last.	BUTING ERMINAL ALL DEPARTION DEPARTION	LCGs face	to) 208, IF YES, WERE	years.
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IMPORTANT DIRECTOR: FUNERAL hospital

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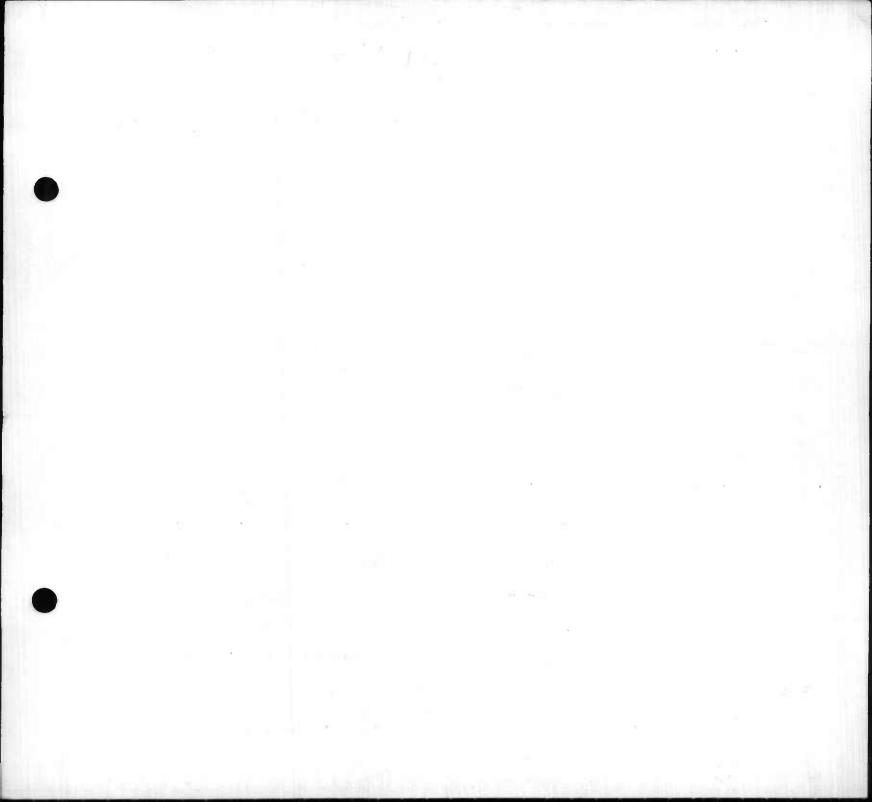
to the hospital

the body was released

approved

BALTIMORE CITY HEALTH DEPARTMENT 72 04560 CERTIFICATE OF DEATH of death Deceased Such I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type at Print) HO 13, Robert E. Thomas May death. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased tived. If institution: tasidence before admission)
A. STATE
B. COUNTY attendance (2) FULL NAME OF HOSPITAL OR INSTITUTION Maryland (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN (4) Undetermined cause; D. INSIDE CITY LIMITS? 9 YES NO Baltimore E. STREET AND NUMBER N. Wolfe Street prior 1902 1902 N. Wolfe Street is made. in regular 5. SEX 6. RACE 8. DATE OF BIRTH 9. AGE (In yours If Under 1 Ya If Under 24 His. MARRIED NEVER MARRIED deceased Male Negro WIDOWED DIVORCED 67 -1 - 0510A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or fereign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even it retired) Balto Gas & Elect North Carolina Was 13. FATHER'S NAME the 14. MOTHER'S MAIDEN NAME E. Thomas Sr. Robert Elizabeth Hawkins death 0 15. Was Decaused Ever in U. S. Armed Forces? (Yas, no or unknown) (If yas, give wor or dates of service) kind; 17. INFORMANT 6. SOCIAL ADDRESS final SECURITY NO. attendance Lucy Thomas 1902 N. Wolfe St. Mrs. any pronounced 18. or CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed of LEADING TO DEATH (A)IMMEDIATE CAUSE fracture 1This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It means the disease. gular injury or complication which caused death.) ANTECEDENT CAUSES who 9 are (3) A DISEASES OR CONDITIONS, if any, rise to the above cause (A) sloting the E physician UNDERLYING CONDITION lost the remains Was burns; 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING hysician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). Body 198 CONDITION FOR WHICH OPERATION WAS PERFORMED 19A. DATE OF OPERATION 20A. AUTOPSY? (Yes or No) the 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? before 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 3 910 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, larm, loctory, street, office bldg., INJURY OCCUR? (If In Boltimore City, give exact location) °Z MEDICAL DEATH (notily medical examined accident of any nature; ¥ 21D. TIME OF INJURY obtained (Month) (Day) (Year) (Hous) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 (except Not While White At IAPPROX.) and Work At Work 22. I certify that (I) (this hospital) attended the deceased from 102 10 pe that (1) (we) last saw the deceased alive an and that in (my) (our) opinion death occurred on the date hospital eath) and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. must 23A. SIGNATURE 238, DATE SIGNED O Attending Med. 10 Director L written approval 23C. PHYSICIAN'S Phys. 8 23D. ABORESS prior at NAME (Type) An V was D.O.A. DEGREE shows: (1) 24A. BURIAL CREMATION, REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATORY 248. DATE bespesed 24D. LOCATION Buria] Gray Stone, N.C. 25A. DATE REC'D BY HEALTH DEPT. 25C, FUNERAL DIRECTOR

6 March 928 E North Ave. VS 150-REV. 1/1/68

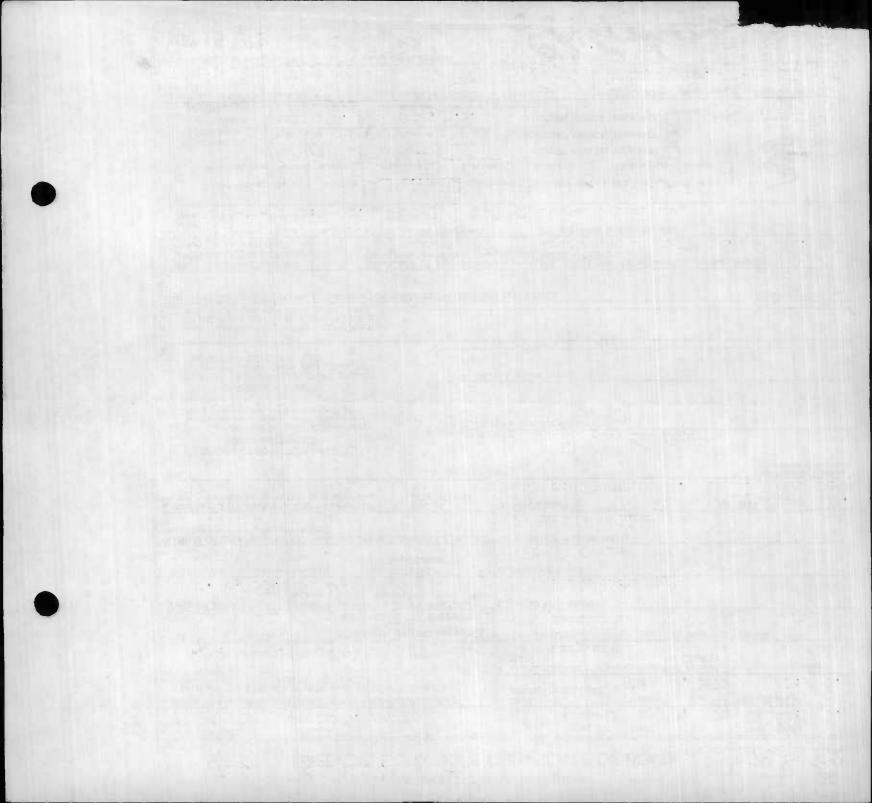


BETWEEN ONSET AND DEATH Peter Lipkovic, M.D. NAME (Type) 24A. BURIAL CREMATION, 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) 24B. DATE (Stote) REMOVAL (Specify) Burial 5-16-72 Lebanon Cemetery York. Pa. **ADDRESS** 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Wm C 928 E North Ave. March VS 151-REV. 1/1/68

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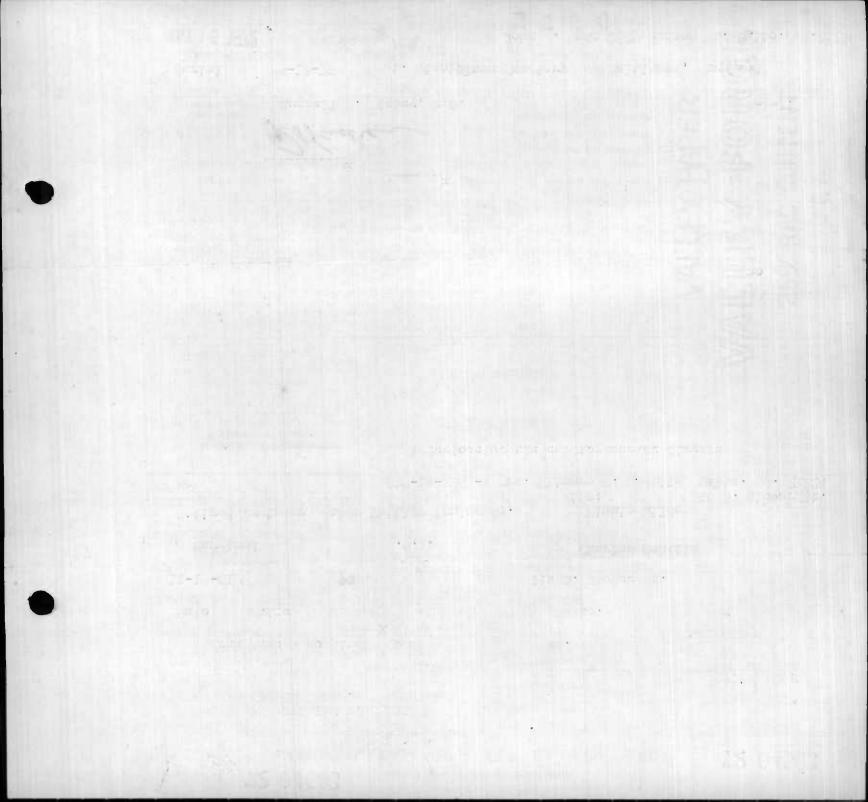
0-3	20	72 A	456	BALTIMORE CITY HE EXAMINER'S			DEAT	·u		~n	0450	0
BIRTH NO.		MILL	ICAL	LAAMIINEK 3	CERTIFICA	IE OF	DEAT	REC	3. NO	15	0456	<
I. NAME OF (Type or Print)		SHERRY	L. O	WENS	II OF	nown A	Month May	10,		'eor	3:58 P	-
4. PLACE IN FULL NAME OF				DNOUNCED DEAD RUTION, GIVE STREET	3. DATE PRONOUNCE		Month May	De	by Y	eor	3:58 P	
OR INSTITUTIO	N	Hospi			5. USUAL RESIDER	NCE (Where			stitution: resid	ence be		
6. SEX	7. RACE		8. MARRIE	D NEVER MARRIED	C. CITY OR TOW			D. INS	SIDE CITY LIN	AITS?		1
Female	Whit	e	WIDOWE		Bal	ltimore			YES 🗌	N	0	
9. DATE OF E	2,1958	10. AGE (in lost birthdon 14	years (Munder 1 Yr. If Under 24 Hrs. Months Days Hours Min.		NUMBER 9 Alric	ks War	v	,,,,			
II. BIRTHPLAC	CE(State or foreign	n country)	1:	2. CITIZEN OF	13. FATHER'S NA		ICS Wa	У				-
Virg:				WHAT COUNTRY?		Owens						
done during mos	CCUPATION (Gives to the state of the state o	e kind of work	148. KIND	OF BUSINESS OR INDUSTR								
					Jeanet	te Mil	ller					
16. WAS DECI	EASED EVER IN	U.S. ARMED	FORCES?	SECURITY NO.	18. INFORMANT				ADDRES		Mo	
no				CAUSE OF DEA	Mother:	Jeane	ette	M. (Owens,		Itimo	
UITUEK		ONS, IF ANY USE (A) STAT ION LAST.		(c)	AS A CONSEQUENC	Œ OF:						
DISEASE	IGNIFICANT CON DEATH BUT NOT OR CONDITION	GIVEN IN PA	THE TERMIN	IAL								
20A. DATE	OF OPERATION	1 20B. CON	IDMON FO	OR WHICH OPERATION W	AS PERFORMED				21. /	UTOPS	Y? (Yes or N	0)
22A EV	TERNAL CAUSE	WAS	loc	N NI ACC AC DIVINI							10	
UNDERLY UTING D 22D. TIMI OF INJUR (APPROX.)	CAUSE OF DEA (Month) (D	TRIB- TH. Poy) (Yeor) (Hour)	28. PLACE OF INJURY (e.g., ome, form, loctory, street, offic Street 22E. INJURY OCCURRED. WHILE AT NOT AT W	Cour	cthouse owdid injuded out	Anne:	x-22	7 St. P	au1	st. +Z	21
ACTU SIGN EXAM	AINER'S Ch	otural caus	iquiry		topsy and Homicid CHIEF ASSISTANT		Indetermin CAMINER CAMINER	ned ma	in my opinionner May 1	D	ATE SIGNED	
24A. BURIAL C	E (Type) REMATION, 2 pecify)	48. DATE	/50	24C. NAME of CEMETERY			OCATION Prryv		y, town, or co	ounty)	(State)	
Burj 25A. DATE REC	CO BY HEALTH (5/13/ DEPT.	25B. NA	Green Hill ME OF REGISTRAR	Cemetery 25G FARR	DIRECTO		-	ADDRES		±a	_
MAY 1	5 1972	Palent E	Beag.	en Ma			der	Fur		Hom	е	1

VS 151-REV. 1/1/68



1	34/12	0456	33	E	BALTIMORE CITY HE	ALTH DEPA	RTMENT				
BIRTH NO.	24	MED	ICAL	EX	AMINER'S	CERTIFI	CATE O	F DEAT	H REG. N	1072	04563
1. NAME OF D	ECEASED					2. DATE	Known 🗌	Month	Doy	Yeor	Hour
(Type or Print)		WILLI	AM V.	GE	NTILE	OF DEATH	Estimoted [3			
4. PLACE IN B	ALTIMORE, MA	RYLAND, V	HERE PR	RONO	JNCED DEAD	3. DATE		Month	Doy	Yeor	Hour
FULL NAME OF	(IF NO	TIN HOSPITA	L OR INS	TITUTIO	N, GIVE STREET	PRONC	UNCED DEAD	5	8	1972	6:20 a
OR INSTITUTION	ADDRE	SS OR LOCA	IION)			5. USUAL	RESIDENCE (Who				before admission)
Chi	urch Hom	e & Ho	snits	1	(DOA)	A. STATE	Md.		B. COUNT	Y	1n 3
6. SEX	7. RACE	0. 110			NEVER MARRIED	C. CITY O			D. INSIDE	E CITY LIMITS?	10 -
male	whi	t a	WIDOV	_	DIVORCED [Balto				
9. DATE OF BI		10.AGE (I			ler 1 Yr. If Under 24 Hrs.	E STREET	AND NUMBER			YES	ио Ц
		lost birthdo	v)		Doys Hours Min.						
11-18			70				716 S. GI	Lover S	t.		
11. BIRTHPLACE		in contry)			TIZEN OF HAT COUNTRY?	13. FATHER		0			
	ryland				U.S.A.			rles G	entile		
14A.USUAL OCC			14B. KIND	OF BU	JSINESS OR INDUSTRY	15. MOTH	ER'S MAIDEN N	AME			
	red Engi		Baker	· Wh	itley Towing	Co.	Mi	nnie W	ilde		
16. WAS DECE	ASED EVER IN	ILC ADMER	FORCE	en 11	17. SOCIAL SECURITY NO.	18. INFOR	MANT Wife:		7	10 DESS G	lover St.
(Yes, no of unkno	wn)(II yes, give	wor or doles	of service	'	217-14-2808-						
19.	1.6 17.				CAUSE OF DEA				VI.I.O	1	APPROXIMATE INTERV
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DISE	ASE OR COND LEADING TO		CILY				0 0010101	abcara	L GIDO		
(This doe:	s not meon the	mode of dy	ing, e.g.,		(A)IMMEDIATE O		QUENCE OF:				
injury or	ure, osthenio, etc complication whi	ch coused de	oth.)								
DISEASE	S OR CONDITI		GIVING		(B)	AS A CONS	EQUENCE OF:				
RISE TO	S OR CONDIT!	USE (A) STA	TING THE								
Z	YING CONDIT	ION LASI.			(C)						
OTHER SI		11									
OTHER SI	GNIFICANT CO									- 55	
DISEASE	OR CONDITION	GIVEN IN P	ART 1 (A)								
TO THE I DISEASE	OF OPERATIO	N 208. CO	NOITION	FOR W	WHICH OPERATION W	AS PERFOR	MED			21. AUT	OPSY? (Yes or No
										n	
	ERNAL CAUSE			228. PL	ACE OF INJURY(e.g., form, foctory, street, office	in or obout	22C. WHERE DIE	(If in Boltime	ore City, give	e exoct location	
	NG OR CON			1101110,	rotti, roctory, street, onto	o olug., olc.)					
≥ 22D. TIME	(Month) (I		r) (Hou	r) 22	E.INJURY OCCURRED		22F. HOW DID	NJURY OCC	UR?		
OF INJURY (APPROX.)				m. Wi		WHILE D					
23.				III.] W	NR L	OKK LI					
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res	ulted fram: 1	latural cau	ses X	Ac	cident Suicio	le 🗆 F	lomicide	Undeterm	Ined mann	er 🗆	
		1	/	2			CHIEF MEDICA				
ACTU	(2/17	rel	2		ASS	SISTANT MEDICA				DATE SIGNED
	ATURE	100			M.C						
	INER'S E (Type)	Russe	11 5	Fi	sher, M.D.	ASS	OCIATE MEDICA	LEXAMINER		5	-8-72
24A. BURIAL C		24B. DATE	TT O		NAME of CEMETERY	or CREMAT	ORY 24	D. LOCATION	V (City	town, or count	
REMOVAL (SP	pecify)										
Buria		5-12-			St. Stanišla				more, l	Maryland	d
25 A. DATE REC			258 N	AAME C	OF REGISTRAR	25C.	FUNERAL DIREC	CTOR		ADDRESS	
MAY 1	5 1972	Viscell	5 40	all the	760	Joh	n J. Duda	2829 1	Hudson	St. Ba	lto. Md.2

John J. Duda 2829 Hudson St. Balto. Md.21224



CLURE, FLORENCE

BIRT	WI all	0.10.03	CITY HEALTH DEPARTMENT	190 04504
	THING.	CERTIFI	CATE OF DEATH REG. NO.	
	on Print)	FLORENCE LAMSON	/ / / / /	1 4:05 P
fut HO	LL NAME OF (IF NOT IN I SMITUTION ADDRESS OF	NO, WHERE FRONOUNCED DEAD HOSHTAL OR INSTITUTION, GIVE STREET R LOCATION) OPKINS HOSPTIAL		SIDE CITY LIMITS? YES NO NO
T.	e wale white	7- MARRIED NEVER MARRIED WIDOWED DIVORCED	= 1 / 6 6/1 0 / 105T DITTO OTT 0	If Under 1 %. Il Under 24 Hrs. Months: Doys Hours Min.
IOA. done	USUAL OCCUPATION (Give kind of working life, even if a Retired FATHER'S NAME	of work 108, KIND OF BUSINESS OR INDI- wind) Federal Employee	14 MOTHER'S MAIDEN NAME	USA
	REX D. LAMSO	N	EDNA LEWIS STE	WARD
S. V	Wes Deceased Ever in U. S. Am s,no or unknown) (II yes, give war NO	or dates of services 16. SOCIAL SECURITY NO.	(husband) Walter T. McClure, 4740	ADDRESS Wash.DC Conn. Ave. NW. 2000
2	ANTECEDENT C. DISEASES OR CONDITIONS into to the above cause UNDERLYING CONDITION to	S, If any, giving DUE TO, (C)	OR AS A CONSEQUENCE OF:	
Ě	TO THE DEATH BUT NOT RELATE	INI DART S (A)		
ERTIFICATION	10 THE DEATH BUT NOT RELATE DISEASE OR CONDITION GIVEN 19A. DATE OF OPERATION 199 15 - 9 - 7 W	IN PART 1 (A). E. CONDITION FOR WHICH OPERATION WHITE YMMEL HUM	, , , , , , , , , , , , , , , , , , , ,	
L CERTIFICATION	TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION GIVEN	IN PART 1 (A). B. CONDITION FOR WHICH OPERATION ACCORDING TO THE PLACE OF INJURY OF LOTTING TO THE PLACE OF INJURY HOME, farm, foctory, str	no	RE FINDINGS CONSIDERED CAUSES OF DEATH? imore City, give exact location)
DICAL CERTIFICATION	10 THE DEATH BUT NOT RELATE DISEASE OR CONDITION GIVEN 199A DATE OF OPERATION 199	IN PART 1 (A). CONDITION FOR WHICH OPERATION CONDITION FOR WHICH OPERATION VINO DE LACE OF INJURY HOW SITE PLACE OF INJURY HOW SITE INJURY OCCURRE While At No.	1 While Work	imore City, give exect location)
MEDICAL CERTIFICATION	TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION GIVEN 19A-DATE OF OPERATION 21A-ACCIDENT WAS UNDERLOW OR CONTRIBUTINO CAUSE OBATH (notify medical examined 21D-TIME (Month) (Doy) OF INJURY IAPPROX.) 22. I certify that (1) (this he that (1) (we) lost saw the definition of the contribution of the contri	IN PART 1 (A). CONDITION FOR WHICH OPERATION ACT STORMS VINO 218. PLACE OF INJURY home, form, foctory, sin- etc.] (Yearl (Hous) 218. INJURY OCCURRE While At No Work No Despital) attended the deceased from	1 While Work 19 2 and that in (my) (our)	
MEDICAL CERTIFICATION	TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION GIVEN 19A-DATE OF OPERATION 21A-ACCIDENT WAS UNDERLOR CONTRIBUTINO CAUSE DEATH (notify medical examined 21D.TIME (Month) (Doyl OF INJURY IAPPROX.) 22. I certify that (1) (this had that (1) (we) last saw the dand hous and fram the couse	IN PART 1 (A). E. CONDITION FOR WHICH OPERATION A STATEMENT OF WHICH OPERATION A STATEMENT OF WHICH OPERATION A STATEMENT OF WHICH OPERATION 218. PLACE OF INJURY CYCOTH (Hous) 218. PLACE OF INJURY COURTE While At A No Work Ospital) attended the deceased from escased alive an A Courte BONE MD DEGREE D. K. BONE MD.	1e.g., in or about 21 C. WHERE DID 1e.g., in or about 21 C. WHERE DID 21 F. HOW DID INJURY OCCUR? 1 While Work Work 19 21 and that in (my) (our) 19 21 and that in (my) (our) 19 22 and that in (my) (our) 19 23 D. ADDRESS THE JOHNS HOPKINS	opinion death occurred on the dot
MEDICAL CENTIFICATION	TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION GIVEN 19A-DATE OF OPERATION 21A-ACCIDENT WAS UNDERLOOK DEATH (notify medical examined 21D-TIME OF INJURY 1APPROX.) 22. I certify that (1) (this had that (1) (we) last saw the de and hous and fram the coust 23A-SIGNATURE 23C-PHYSICIAN'S NAME (Type) A BURIAL CREMATION, 24B-D REMOVAL (Specily) 24B-D	IN PART 1 (A). E. CONDITION FOR WHICH OPERATION A STATE STATE OF WHICH OPERATION WHICH OPERATION 218. PLACE OF INJURY OCCURRE While At A No No Work At A Decree D. K. BONE MD. ATE 24C.NAME of CEMETERY	1e.g., in or about 21 C. WHERE DID 1e.g., in or about 21 C. WHERE DID 21 F. HOW DID INJURY OCCUR? 1 While Work 19 19 19 19 19 10 19 10 19 10 19 10 19 10 10	opinion death occurred on the dot 23B. DATE SIGNED MAY 1/972 OSPITAL (City, town, or county) (State)
WEDICAL CERTIFICATION	TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION GIVEN 19A-DATE OF OPERATION 199 21A-ACCIDENT WAS UNDERLOR CONTRIBUTINO CAUSE OF DEATH (notify medical examined 21D-TIME 1Month) (Day) 1APPROX.) 22. I certify that (1) (this had that (1) (we) last saw the dand hous and fram the couse 23A-SIGNATURE 23C-PHYSICIAN'S NAME (Type) DAV 1 A. BURIAL CREMATION, 24B. D REMOVAL (Specily)	IN PART 1 (A). E. CONDITION FOR WHICH OPERATION WITH CONTROL OF WHICH OPERATION WIND 1218. PLACE OF INJURY LOS INDURY OCCURRE While At At Ospital) attended the deceased from escased alive an At DEGREE D. K. BONE MD. ATE 124C.NAME of CEMETERY L3/72 Cedar Hill (C	1e.g., in or about 21 C. WHERE DID 1e.g., in or about 21 C. WHERE DID 21 F. HOW DID INJURY OCCUR? 1 While Work 19 19 19 19 19 10 19 10 19 10 19 10 19 10 10	opinion death occurred on the doi 238. DATE SIGNED May 11, 1972 OSPITAL (City, town, or county) (State)

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#108 W

72 04565 BALTIMORE CITY HE	ALTH DEPARTMENT	72 04565
7-425 MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG. NO.	
BÎRTH NO.	REG. NO.	
1. NAME OF DECEASED (Type or Print) JOHN FLEISCHMAN	2. DATE Known Month Doy OF DEATH Estimated	Yeor Hour
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD May 10, 1972 5. USUAL RESIDENCE (Where deceased lived. If institution	8:09 A.
SOUTH BALTO. GENERAL HOSPITAL	A. STATE Maryland B. COUNTY	257)
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	Baltimore D. INSIDE CI	TY LIMITS?
9. DATE OF BIRTH Sept. 23, 1902 10. AGE (In years In the second of the	e. STREET AND NUMBER 2519 Arburton Avenue	
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT GOUNTRY?	13. FATHER'S NAME Frank Fleischman	
4A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY lone during most of working life, even if retired)	15. MOTHER'S MAIDEN NAME	
Butcher Meats	Charlotte Martin	DDRESS
16. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no ar unknown) (II yes, give wor or dotes of service) 215-09-9718	Julia Mielke (Sister) 43	Above.
19. CAUSE OF DEAT	TH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Hypert	tensive cardiovascular disease	
LEADING TO DEATH (A)IMMEDIATE C	CAUSE	
	AS A CONSEQUENCE OF:	
injury or complication which coused death.)		
ANTECEDENT CAUSES (8)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST		
11		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA		
O	AS PERFORMED	21. AUTOPSY? (Yes or Na)
22À. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB. UTING ☐ CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., home, farm, loctory, street, office	in or obout 22C. WHERE DID (If in Boltimore City, give exo te bidg., etc.) INJURY OCCUR?	ct locotion)
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
(APPROX.) WHILE AT WORK AT W	WHILE VORK	
23.		
	topsy and that on this basis, death in my	7
resulted from: Natural causes X Accident Suicid		
ACTUAL /) D W // / /	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE M.D	ASSISTANT MEDICAL EXAMINER	
EXAMINER'S Ronald N. Kornblum, M.D.	ASSOCIATE MEDICAL EXAMINER	5/10/72
NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, town	n, or county) (Stote)
Burial 5/13/72 Glen Haven	Anne Animal Ca	Clas Russia MJ
25A. DATE REC'D BY HEALTH DEPT. 259 NAME OF REGISTRAR	emetery Anne Arundel Co. 25C FUNERAL DIRECTOR Mc Cally F. H. 277 Patapso	DORESS DUTTE, TO
MAY 15 19/2 Valleys of The	4 0	4 0 .
	Mc (m) Lu E 4 227 Patansc	a Ave Balta 212

(3/13/72 When lawn constant rouse showing a, when topology it. 25-19-1718 Julia richel sisten. Unicoleet 4.7. r dunit r Leasternan 7604 33 1805

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the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and FUNERAL DIRECTOR: IMPORTANT

11.5	26 50	04566	BALTIMORE CITY	HEALTH DEPARTMENT		72 04566
BIRTH NO.	16 (2	0.4000	CERTIFICA	TE OF DEATH	REG. NO.	12 0.1000
1. NAME OF (Type or Print)				2. DATE	AND HOUR OF DEATH	
Type or rnnn	ELIZABE	TH ELI	RA HENDERSON	May		9 A · N
3. PLACE IN	BALTIMORE, MARYLAND, V	VHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (VA. STATE B. CO	Vhere deceased lived. If in DUNTY	nstitution: residence belore admission)
FULL NAME	OF (IF NOT IN HOSPI	TAL OR INSTIT	UTION, GIVE STREET	Maryland	Baltin	more
HOSPITAL	R ADDRESS OR LOC	A IION)		C. CITY OR TOWN	D. INS	IDE CITY LIMITS?
0.	Could Cours	100000		Ridgewood		YES NO X
70	Gould Conva 6116 Belair		1	924 St. Char		21229
Female	6. RACE White	7- MARRIED WIDOWED	= =	8-11-1885	9. AGE (In years lost birthday)	II Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
	OCCUPATION (Give kind of worst of working life, even it retired)		BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or Maryla		U,S.A.
13. FATHER'S	NAME			14. MOTHER'S MAIDEN		1 0,500
	Samuel S.	Henders	nn.	Ma	Considire	
S. Wos Dece	osed Ever in U. S. Armed Fo	rces?	1 6. SOCIAL	Mary	Considine	ADDRESS 21229
No	nown) (II yes, give wor or dot	es of services	217-01-1105	Mrc Mary A	Widdows O'	21229 24 St. Charles Ave.
18.	1.9. 3 1		CAUSE OF DEATH		7	APPROXIMATE INTERVAL
DI	SEASE OR CONDITION D LEADING TO DEATH			isolevoté Ne	ent clinear	BETWEEN ONSET AND DEATH
	es not mean the mode of			SE A CONSEQUENCE OF:		
	ure, osthenio, etc. Il meon complication which cause					
The same	ANTECEDENT CAUSE	S				
DISEASE	S OR CONDITIONS, il	ony, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
	the obove couse (A) YING CONDITION lost.	stoling the	(c)			
O. Demo	11		(С)			
	GNIFICANT CONDITIONS CO					
A DISEASE	DEATH BUT NOT RELATED TO OR CONDITION GIVEN IN PA	RT 1 (A).				
DISEASE DISEAS	E OF OPERATION 198. COL	NOITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or	No) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
21A ACC	CIDENT WAS UNDERLYING	7 218	PLACE OF INJURY (e.g., i	a about 21C WHERE DIE) /II in Roleino	re City, give exact location)
OR CONT	TRIBUTING CAUSE OF	hometc	ne, lorm, loctory, street, ol	fice bldg., INJURY OCCUR	?	The City, give exact locotion;
21 D. TIM		(Hour) 21 E	INJURY OCCURRED	21 F. HOW DID	INJURY OCCUR?	
OF INJUS		Wh	ile At Not While			
22 1 000	rtify that (1) (this haspite			Sen-	19 55 to	5/1/ 1972
	(ves) last sow the deceas		. / _ /			inion deoth occurred on the dot
	r and from the causes sta		. /			decili occurred on the dot
23A. SIGN		red obove. (i) (wa) (ara) (did not) v	iew the body offer deo	rn.	23B, DATE SIGNED
1	rache R. &	specto	Phys	nding Med.	Staff Phys.	5/12/72
22C PHYS	ICIANS		DEGREE	23D. ADDRESS	,	1///
NAN	Joseph	R. Li	berto	3508 Bank S	treet, Baltin	more, Maryland
24A. BURIAL	CREMATION, 248, DATE AL (Specily)	24C, N	AME of CEMETERY of CRE			ity, town, or county) (State)
Buri		1972 Ne	w Cathedral C	emetery	Baltimore, Ma:	rv1and
	EC'D BY HEALTH DEPT.	258. NAME	OF REGISTRAR	25C. FUNERAL DIREC		ADDRESS
M	AY 1 5 1972 3	P. B.E. 3	Ribar MB	Howard H. Hu	bbard, 4107 V	Wilkens Ave. 21229
VS 150-REV.	1/1/68		As As	3 5 6		

THE HELD IN THE COURSE CONTRACTOR OF THE PROPERTY OF THE PROPE --- 'E (5100)' 153 033' 03 C (510)' O 5 3.

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death, such written approved must be obtained before the remains are embalmed or final disposition is made.

4			BALTIMORE CITY	HEALTH DEPARTMENT		
+-600	70 (04567	CEDTIFICA	TE OF DEATH	REG. NO	70 04500
BIRTH NO.	161	14.101	CERTIFICA	TE OF DEATE	1 /	12 03001
Type or Print)	CLARENCI	E 0.	FURROW	1	y 11, 1972	11:30 P.
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONO	JN CED DEAD	4. USUAL RESIDENCE ()	Where deceased lived, If in	stitution: residence before admission)
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	JTION, GIVE STREET	Maryland	Howard	6300
NOTTUTTEN				Elkridge	D. INSI	YES NO X
40	St. Agne Emergen	s Hospit cy Room	:a1	6767 Washin		
Male	6. RACE White	7. MARRIED	NEVER MARRIED DIVORCED	B. DATE OF BIRTH 10-18-1911	9. AGE (In years lost birthdoy) 60	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
IOA. USUAL OCC	UPATION (Give kind of world			11. BIRTHPLACE (Stote or	loreign country)	12. CITIZEN OF WHAT COUNTRY
welder	working life, even if retired)	Sparro	ws Point	Virginia		U.S.A.
3. FATHER'S NA	ME			14. MOTHER'S MAIDEN	NAME	
Pa	ris Furrow			Virgini	a (Unknown	
S. Was Deceased Yes, no or unknown	Ever in U. S. Armed For	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS 21227
No	Tell I	^	225-10-1173	Mrs. Alice J	• Furrow, 6767	Washington Blvd.
1B.	2.7 4-25	0.7	CAUSE OF DEAT	Н		APPROXIMATE INTERVAL
DISEA	SE OR CONDITION DI	RECTLY		1- 1-	· · · · · · · · · · · · · · · · · · ·	min
(This does	nol meen the mode of	dying, e.g.,	(A) IMMEDIATE CAL	A CONSEQUENCE OF	uzo cardial	
heart failure,	osthenia, etc. II meons	the diseose,	DOE TO, OK AS	A CONSEQUENCE OF:	jareno	
	ANTECEDENT CAUSES		G		1.	c
			(B) COLO	nery ather	siccerores	Severel year
	rise to the obave couse (A) sloting the					
UNDERLYIN	G CONDITION last.		(c)			
Z OTHER SIGNI	FICANT CONDITIONS CO	NIPIRITING		leter Mel	01'+	A CONTRACTOR
TO THE DEA	TH BUT NOT RELATED TO T	HE TERMINAL	Due	beles //el	Celin	
TO THE DEA DISEASE OR CO	F OPERATION GIVEN IN PAR WAS PER	IDITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes o	No. 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIB	NT WAS UNDERLYING DEVINED CAUSE OF Medical examined		e, form, factory, street, a	n or obout 21C. WHERE DII	(If In Boltimor	e City, give exact location)
D 21D. TIME	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
OF INJURY		Whi	ile AI Not Whit	• 🗆 📗		
22 santify	that (I) (this haspita				1970 to 2	vestio uzo 19
) last saw the decease		2 weeks a	10 000		nian death accurred an the dat
			\ \W_\ \ / 1: 1\ / 1: 1 . \			man death accorred an the dat
23A. SIGNAT		ted abave. (I) (#e) (did) (did nat) v	iew the bady after dea	th.	238, DATE SIGNED
Geo	1/1/	anto,	M.D. Atte	nding Med.	S toff	/ /
	0	-	DEGREE Phy	s. Director L	Phys.	5/12/12
NAME (N. Ag	gapitos	23D. ADDRESS 827 Linden A	ve., Baltimore	e, Maryland
24A. BURIAL CRE	MATION, 24B. DATE	24C. N	AME of CEMETERY OF CR			ty, town, or county) (State)
Burial	5-15-19	72 Mea	dowridge Ceme	terv	Wash, Rlvd. H	oward Co., Md.
	BY HEALTH DERT.	25B. NAME C	OF REGISTRAR	25C. FUNERAL DIREC		ADDRESS
MAY 1	5 1972 (Bellen	E. Jal	en 268.00 1	Howard H.	Hybbard, 4107	Wilkens Ave. 21229
VS 150-REV. 1/1/	′6B	!		1333	60	

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such deceased prior to death, but sometimed helps a proposition is made.

1 -02	, ma	ALON		HEALTH DEPARTMENT	222 112	20 6
BIRTH NO.	120	4568	CERTIFICA	TE OF DEATH	REG. NO.	72 01568
1. NAME OF DEC	CARRIE	A.	JONES	2. DATE	May 11, 1972	
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (VA. STATE B. CO	Where deceased lived, II in	nstitution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION			UTION, GIVE STREET	Maryland C. CITY OR TOWN Baltimore		IDE CITY LIMITS? YES NO NO
00	30 N. Linwo Baltimore, N			E. STREET AND NUMBE 3136 Wilkens		
s. sex Female	6. RACE White	7- MARRIED	X NEVER MARRIED DIVORCED	B. DATE OF BIRTH 2-3-1889	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.
	working life, even if retired)	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole of Mary)		U.S.A.
13. FATHER'S NA	ME			14. MOTHER'S MAIDEN	NAME	
Willi	am J. Ogle	e, Sr.		Madeline	Altvater	
1S. Was Deceased (Yes, no or unknown No	Ever in U. S. Armed For I (II yes, give wor or dote	rces? es al service)	16. SOCIAL SECURITY NO. 214-01-4140B	Mr. Charles	H. Jones, Jr.	ADDRESS 2122 3136 Wilkens Ave.
DISEASES C rise to the UNDERLYING OTHER SIGNIF TO THE DEAT V DISEASE OR C	ANTECEDENT CAUSES OR CONDITIONS, if e obove couse (A) G CONDITION lost. II FICANT CONDITIONS CO III BUT NOT RELATED TO TO CONDITION IN PART ON TO THE PART OF THE PART ON THE PART OF TH	ony, giving stoling the ontributing the terminal	contraction for the	A CONSEQUENCE OF: When heart		
19A. DATE OF	OPERATION 198. CON WAS PER		WHICH OPERATION	20 A. AUTOPSY? (Yes o	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBL	NT WAS UNDERLYING DITING CAUSE OF medical examiner	21 B. hom etc.	e, form, factory, street, o	fice bldg., INJURY OCCUS	D (If In Boltimo	re City, give exoct location)
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor)		INJURY OCCURRED ILE At Not While At Work	e —	INJURY OCCUR?	
22. I certify	that (1) (this hospita	l) ottended t	he deceosed from		19to	19
	d fram the couses sto	cont	(We) (did) (did not) why	inding Med. Director 23D. ADDRESS		238. DATE SIGNED 238. DATE SIGNED 1
24A. BURIAL CRE	MATION, 24B. DATE Specify)	24C. N	AME of CEMETERY of CR	EMATORY 241	D. LOCATION (C	city, town, or county) (State)
Burial	5-15-1	972 Ced	lar Hill Cemet	ery	nne Arundel C	ounty, Maryland
25A. DATE REC'D	BY HEALTH DEPT.		OF REGISTRAR	2SC. FUNERAL DIREC		ADDRESS
MAY 1 5	1972 P.C. O	C 3. C	ALO O	Howard H. H	ubbard, 4107	Wilkens Ave.21229

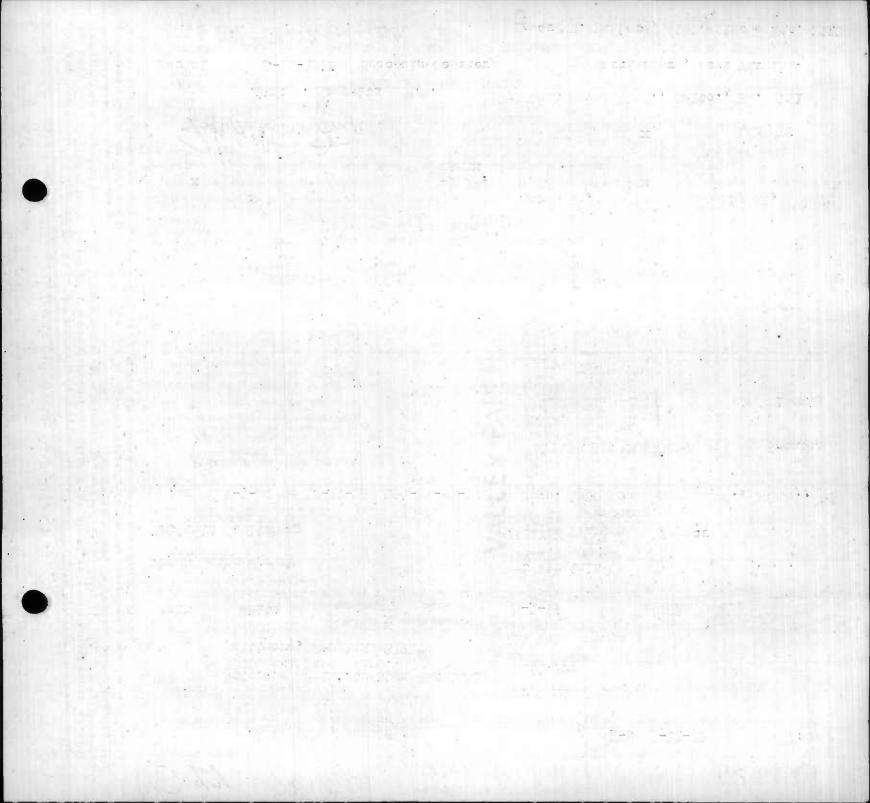
i. . de l'or dit a l'annuelle de les al., l'annuelle de l'annuelle de l'annuelle de l'annuelle de l'annuelle d z z. czez . .o z, x. TOTAL STATE OF THE STATE A/分別・元 at an inter-

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was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

	3-47/ 72 04569	BALTIMORE CITY	HEALTH DEPARTMENT					
-) 104	CERTIFICA	TE OF DEATH	REG. NO	72 04569			
	TH NO. " IAME OF DECEASED		2. DATE	AND HOUR OF DEATH				
(Ту	SAULISBURY, Jen	nings		XXX 5-12-72	7:00 P			
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO		4. USUAL RESIDENCE (WA. STATE B. COL	here deceased lived. If is	nstitution: residence before admission)			
FU	LL NAME OF (IF NOT IN HOSPITAL OR INS	STITUTION, GIVE STREET	Maryland 254 (c. CITY OR TOWN D. INSIDE CITY LIMITS?					
IN	Veterans Administr	ation Hospital		D. INS	IDE CITY LIMITS?			
101	3900 Loch Raven Bl	.vd.	Baltimore		YES 🐧 NO 🗌			
	Baltimore, Marylan	d 21218	764 Yale Avenue					
s. :	6. RACE 7. MARRI Male White WIDOW	ED NEVER MARRIED DIVORCED	8. DATE OF BIRTH 4-1-15	9. AGE (In years lost birthday) 57	Il Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.			
	. USUAL OCCUPATION (Give kind of work 108, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or Id	reign country)	12. CITIZEN OF WHAT COUNTRY			
~	e during most of working tile, even if retired)		West Virginia		U.S.A.			
	FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	0.00.20			
В	enjamin Saulisbury		XXXXXX Fran	ces Snyde	r			
S.	Was Deceased Ever in U. S. Armed Forces? Byno or unknown) (11 yes, give war or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT R	ecords	ADDRESS			
. 0	Yes 7-1-42 to 10-23-45				Blvd., Balto., Md			
	18.	CAUSE OF DEATH			APPROXIMATE INTERVAL			
	DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH			
	LEADING TO DEATH	(A) IMMEDIATE CAU	METASTAT	C CARCINOMA	5Months			
	(A) IMMEDIATE CAUSE FIRST ATTIC GARGINOMA (This does not mean the mode of dying, e.g., heart failure, astherio, etc. II means the disease, injury or camplication which caused death.)							
	ANTECEDENT CAUSES CARCINOMA LUNG							
	(B)							
	rise to the above cause (A) stating the							
	UNDERLYING CONDITION last. (C)							
NO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	IG						
ATIC	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	AL			***************************************			
CERTIFIC,	19A. DATE OF OPERATION 19B. CONDITION FO	OR WHICH OPERATION	No	No. 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?			
CE	21A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g., i	n or obout 21C. WHERE DID	(If in Baltimo	re City, give exact location)			
AL	OR CONTRIBUTING CAUSE OF DEATH (notily medical examinet)	home, form, lactory, street, of etc.)	nce bidg., INJURY OCCUR?					
DIC		21E, INJURY OCCURRED	21 F. HOW DID I	NJURY OCCUR?				
MEDI	(APPROX.)	While At Not While						
		Work At Work		10 70	Morr 70 10 70			
	22. I certify that (t) (this haspital) attended				May 12, 19 72			
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	and hour ong from the couses stoted obove. IC) (We) (did) (ATD AT) view the body ofter deoth.							
	23A. SIGNATURE	Atta						
	Have Vourions	DEGREE Phys	. Director	Staff Phys.	5/12/72			
	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS					
	Mark H. Kasowi	OF DECKEE	3900 Loch Rave	n Blvd., Bal	to., Md. 21218			
	A. BURIAL CREMATION, 248. DATE 240	NAME of CEMETERY of CRE	383	LOCATION (C	ity, town, or county) (State)			
]	Burial 5-16-1972 F	Rosedale Cemeter	y M	artinsburg,	West Virginia			
25/		AE OF REGISTRAR	25C. FUNERAL DIRECT	OR	ADDRESS			
A	AY 15 1972 Hobers E. Harber	A.B.	Howard H. H	ubbard, 4107	Wilkens Ave. 21229			
VS	150-REV. 1/1/68	1 6.00	1 3 5 5					



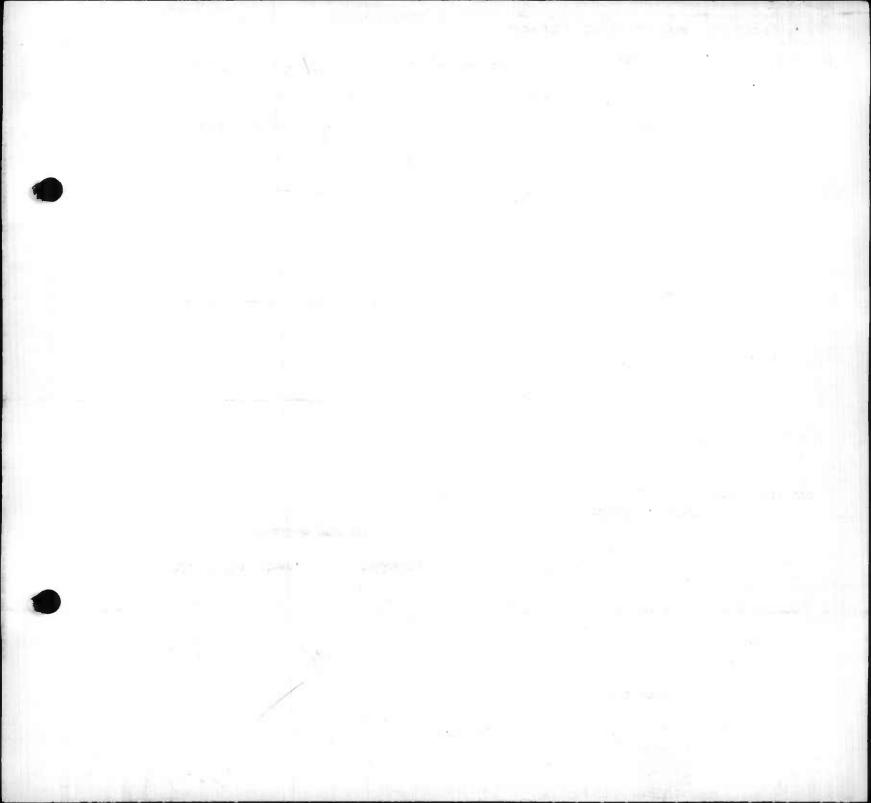
FUNERAL DIRECTO	This certificate must be approved by the chief medical examithe body was released to the hospital by a medical examishows: (1) An accident of any nature; (2) Body burns; (3) A frwas D.O.A. at a hospital (except where the physician who deceased prior to death); and (6) No physician was in regis
	This certifie body shows: (1) was D.O. deceased

/	7 510) ~n	n a minus		HEALTH DEPARTA	. /	vo. 72	215 10	
	H NO.		04570	CERTIFICA	TE OF DEA	DATE AND HOUR OF		33370	
(Type or Print) Virginia Parsons Cain				2. '	May 7, 19		5	Рм	
3. PI	LACE IN BALTI	MORE, MARYLAND, W	HERE PRONOU	NCED DEAD	4. USUAL RESIDEN	CE (Where deceased liv 8. COUNTY		residence befor	e odmissian)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)					W.Va.		1	5	
US Public Health Service Hospital			C. CITY OR TOWN	Spring	D. INSIDE CITY YES		XI		
1		Wyman Parkwa			E. STREET AND NUMBER Box 25				
5. SEX 6. RACE 7. MARRIED XMNEVER MARRIED					8. DATE OF BIRTH	9. AGE (In year	us I If I and	er 1 Yr., If U	nder 24 Hrs.
	F	Caucasian	WIDOWED [DIVORCED	2/7/14	last birthday)	Months	Days Hour	s Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) Housewife				W. Va		112. CIT	USA	T COUNTRY	
3. F	Wilbur	Crites			14. MOTHER'S MAIDEN NAME Minnie Parsons				
5. W Yes,	no at unknown)	ver in U. S. Armed For Ilf yes, give war ar date	ces? s of service)	16. SOCIAL SECURITY NO. 213-64-889	17. INFORMANT	s - US PHS H	ospital	ADDRESS Balto.	Md.
1	8.	7/1	-	CAUSE OF DEAT			,	APPROXIMAT	E INTERVAL
hearl lailure, asthenia, etc. II means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION fast. Chronic (C) Terminal 1 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL				A CONSEQUENCE OF		ilateral	Days		
				a consequence of myelogenou	s leukemia		4 yr:	5.	
				nemorrhagic combocytoper	diathesis & ia		Days		
DISEASE OR CONDITION GIVEN IN PART 1 (A). 194. Date of Operation Was Performed					20 A. AUTOPSY?	yes yes	WERE FINDING	S CONSIDERE	D
CALC	21 A. ACCIDEN OR CONTRIBUT DEATH (notify	WAS UNDERLYING CAUSE OF	21 B. hom etc.)	PLACE OF INJURY (e.g., e, farm, factory, street, c	ffice bldg., INJURY O	E DID (If in CCUR?	Baltimare City, gl	lve exact locatio	en)
NE N	21D. TIME OF INJURY (APPROX.)	(Manth) (Day) (Year)		INJURY OCCURRED Le Al Not White At Work	le C	DID INJURY OCCUR?			
	that (1)/(we)	hat (1)/(this haspitol ast saw the decease from the causes sta	d alive an	May 7		and that in (my) (a	May ur) apinian de	7 ath accurred	on the dat
and how and from the causes stated above. (1) (We) (did) (did/n/oy)							ATE SIGNED		
DEGREE Phys				or Staff Phys.		5/8/ 72			
	Rober	pel ()	Surg (R)	US PH	S Hospital,	Balto, M	d.	
24A.	BURIAL CREM	AATION, 248. DATE		ME of CEMETERY of CE		24D. LOCATION	(City, town,	or county)	(State)
26A	Buria	5/11/72 BY HEALTH DEPT.	2 F	orest Glen Ce	metery		Spring,	W, Va.	
-	MAY 15'		E. Jabe			E. Johnson 8	521 Lech	Raven B	lvd.

THE ROLL CONTRACTOR S. ARTO METERICISENT BENEFIT F CONTRACT THE PARTY HER THE SPECIAL PROPERTY OF THE PARTY.

This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

		6	72 0	4571		HEALTH DEPARTM		72 04571		
1.1	NAME OF DE	CEASED	Tal	0			PATE AND HOUR OF DEAT	H		
	/	eum	an"	Bu	(Berger)		8 Mary	72 2 0 PM		
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased liked, if institutions residence before admiss a STATE B. COUNTY								institution: residence before admission)		
B	OSPITAL OR	(IF NO	T IN HOSPIT	AL OR INS	STITUTION, GIVE STREET	MN	Baltimore	5 500		
IIN	HOITUTITE		1/-			CCITY OR TOWN, Balto D. INSIDE CITY LIMITS? YES D NO				
	Md	ber	n Ne	2/1		E. STREET AND NU	MBER	a ct		
5.	SEX	6. RACE	1	7. MARRI	ED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Ys. If Under 24 His. Months Doys Hours Min.		
	-11	-	V	WIDOW		8/2/1890	8/	William Doys Hours William		
do	ne during most of	working life, e	ven if retired)	1	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	o or loseign country)	12. CITIZEN OF WHAT COUNTRY		
l lance	etired		res.	Bu	ilding	mD. USA				
13.	FATHER'S NA		dolph B	erger		14. MOTHER'S MAIL	DEN NAME			
15. (Yo	Wos Deceoses	Ever in U.	S. Armed For	ces? s of service	e) SECURITY NO.	17, INFORMANT	Robert K. Berg			
	NO				213-09-5640	It. c	hart	44 E Lake Ave		
	18. 5-/	9.3	1		CAUSE OF DEAT	1		APPROXIMATE INTERVAL		
	DISÉA		IDITION DIE	ECTLY		ABRIDAT	Jan Palcus	,		
	(This does	nal mean li	ne mode of	dying, e.	(A) IMMEDIATE CAU	SE ASTITUTE OF:	70N PNEUMO	INIA Lace		
	injury at car	nplication w	(c. II means hich caused	death.)	se,					
		ANTECEDE	NT CAUSES		(8)	OPD		Years		
	DISEASES	OR CONDI	TIONS, if couse (A)	any, givi	DUE TO, OR AS	A CONSEQUENCE OF	*	1		
	UNDERLYIN	G CONDITI	ON last.	swing 1	(c) MA	INUTRIT	70~	1 weeks		
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TION	TO THE DEA	TH BUT NOT	RELATED TO TH	E TERMINA	G AL					
5	19A-DATE OF	POPERATION	1 19B. CON	DITION FO	R WHICH OPERATION	20A. AUTOPSY? (Ye	s or No. 208, (F YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?		
CERTIF	0		WAS PERF					AUSES OF DEATH?		
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MEDI	21 D. TIME OF INJURY	(Month) (Doy) (Year)	(Heun) 2	TE INJURY OCCURRED	21F. HOW [DID INJURY OCCUR?			
8	(APPROX.)				While At Not While Werk At Werk					
	22. I certify that (1) (this haspital) attended the deceased fram 5-2- 19 72 to 5-8 19 72									
	that (1) (we) last saw the deceased alive an 5-8 19 22 and that In(my) (aur) apinian death occurred an the date									
	and haur on	d from the	causes stat	ed above	(I) (We) (did) (did nat) v					
	23A. SIGNATURE 23B. DATE SIGNED									
	270 81170151	rima	an fe	le	DEGREE Phys	Director Director	Physic B			
	23C. PHYSICIAN'S NAME (Type) CHERMAN KANTAN MP 23D. ADDRESS CHERMAN KANTAN MP 23D. ADDRESS									
24/	BURIAL CRE	MATION, 2	AR DATE	24C.	NAME of CEMETERY OF CRE	MATORY	24D LOCATION	City, town, or county) (State)		
	Buria	Pecity	5/11/72	Di	ruid Ridge Ceme		Reistertown R			
25/	DATE REC'D	BY HEALTH			E OF REGISTRAR	25C, FUNERAL DI	RECTOR	ADDRESS		
M	AY 15 1	972	Res E.	Jake	22 0 0	Mischell !	ledefeld Home	6500 York Rd.		
VS	150-REV. 1/1/	6B								



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THE STATE OF CAUSE OF DEATH STATE OF CAUSE OF DEATH	he dea		Glen Burnie, Md. 21061.						
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24A. BURIAL CREMATION, 24R. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (Gity, town, or county) Burial 13 May 72 Glen Haven Memorial Park Glen Burnie An Md. 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS	P - B - >		· inja						
Burial 13 May 72 Glen Haven Memorial Park Glen Burnie AA Md. 25A. DATE REC'D SY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS	An An prior	D.S. SAWITHICY							
Burial 13 May 72 Glen Haven Memorial Park Glen Burnie AA Md. 25A. DATE RECD BY HEALTH DEPT. 25E NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS	>EO P B	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREA	MATORY 24D. LOCATION (City, town, or county) (Stote)						
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS	bod Ws: D.G.	Burial 13 May 72 Glen Haven Memori	ial Park Glen Burnie AA Md.						
THE COLUMN TO THE THE STATE OF	ho ho		25C, FUNERAL DIRECTOR ADDRESS						
MAY 15 1972 Vales C. Jacker C. Sales Ar D. O. Kirkley Funeral Home, Glen Burnie, Md.	- 4 W 7 U 7		A MIKLEY Funeral Home, Glen Burnie, Md.						

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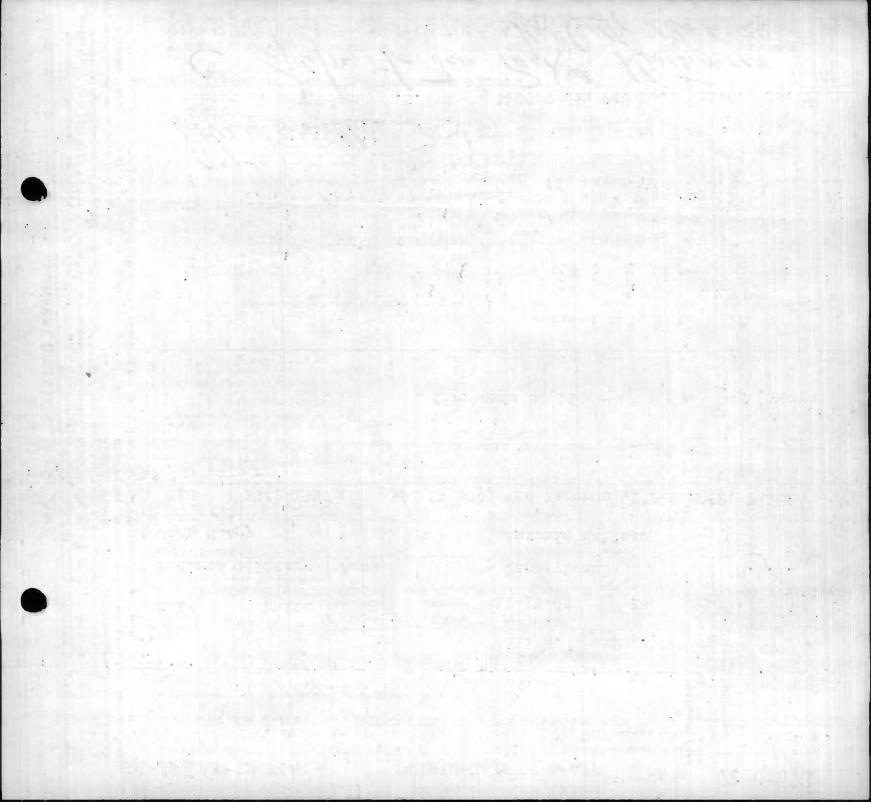
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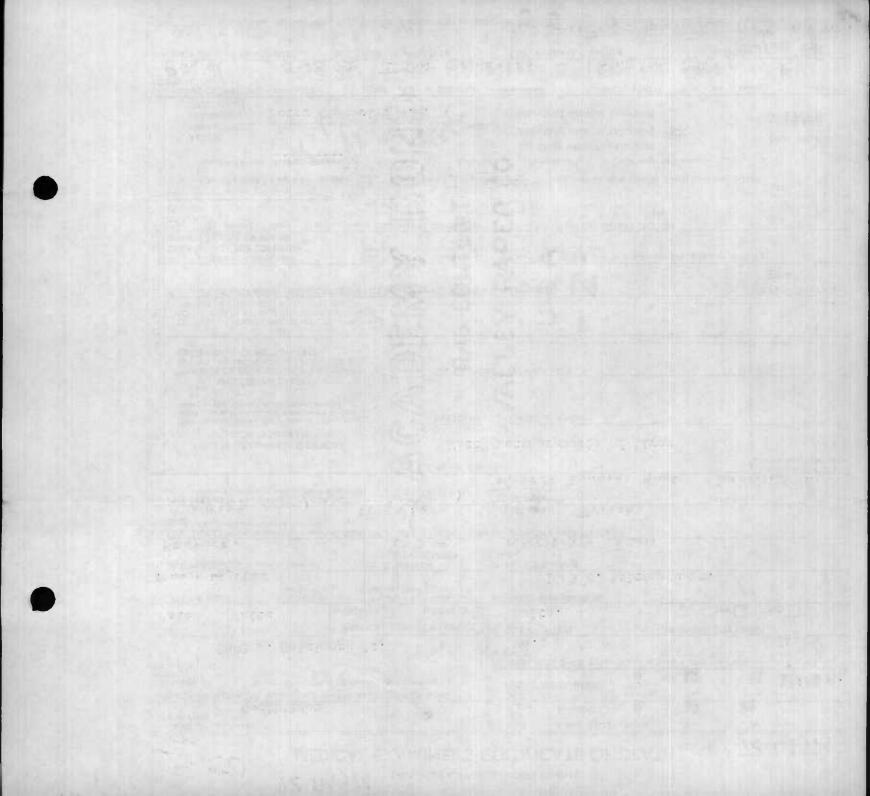
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death, and (6) No physician was in regular attendance on the deceased prior to death. Such This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased bvs

11 .10	A 12 U4	573	BALTIMORE CITY	HEALTH DEPARTMENT		30 01 30
4-400			CERTIFICA	TE OF DEATH	REG. NO	72 04573
BIRTH NO.	ACED		02.11.10.		AND HOUR OF DEATH	
/Town or Bright	ALEY, John	()		May	11, 1972	5:50 A. M
3. PLACE IN BALT	IMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (W. A. STATE 8. COL	here decoosed lived. If ins JNTY	stitution: residence before admission)
FULL NAME OF HOSPITAL OR	(IF NOT IN HOSPIT	AL OR INSTITE	UTION, GIVE STREET	Maryland c. CITY OR TOWN	D. INSI	DE CITY LIMITS?
	S HOSPITAL			Baltimore		YES X NO
X				E. STREET AND NUMBER	tings Stree	
Male	White		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. if Under 24 Hrs. Months Doys Hours Min.
		WIDOWED		12-20-03	6.8	
done during most of w	rorking life, even if retired) military	Army	BUSINESS OR INDUSTRY	Pennsylvan:		U.S.A.
3. FATHER'S NAM		3		14. MOTHER'S MAIDEN N		
John Ha	ley			Antonia Ke	llner	
5. Wos Deceased	Ever in U. S. Armed For (If yes, give war or date	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
YES	1923-194		182 24 090	Med Records	s US PHS HO	SP, Baltimore, M
18. 5 7	1,91		CAUSE OF DEAT	H		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	E OR CONDITION DIS LEADING TO DEATH	RECTLY	Rilater	al pulmonary	edema	sudden
	of mean the mode of	dying, e.g.,		A CONSEQUENCE OF:	edema	sudden
	osthenio, etc. Il meons plication which coused		DOE 10, OR 73	A CONSEQUENCE OF.		
	NTECEDENT CAUSES	4001111	Cinnho	ais of live		*** *****
	R CONDITIONS, if		(8) CILLIO	sis of liver)	years
	obove couse (A)		00110,0440	A COMPLETE OF		
UNDERLYING	CONDITION Iosi.		(c)			
7	II .					
OTHER SIGNIFI	CANT CONDITIONS CO	HE TERMINAL				
	OPERATION 198 CON		WHICH OPERATION	20A. AUTOPSY? (Yes or	Noll 208, IF YES WERE F	INDINGS CONSIDERED
2	WAS PERI		WITH OF EXAMON		IN CERTIFYING CAL	INDINGS CONSIDERED USES OF DEATH?
21 A. ACCIDEN	T WAS UNDERLYING] 21 B.	PLACE OF INJURY (e.g., i	YES		YES City, give exect location)
OR CONTRIBUT	TING CAUSE OF medical examined	hom etc.	e, form, foctory, street, o	fice bldg., INJURY OCCUR?		
21D. TIME OF INJURY	(Month) (Day) (Year)		INJURY OCCURRED	21 F. HOW DID IN	NJURY OCCUR?	
(APPROX.)		Wh	ile At Not While	e		
22 1	h_4 (Λ)//4h1a h=a=taal				10 70 - 16	7.7
22. I certify	mar Kry (this naspital) attended t	he deceased from Ap	r11-29		19.72
	last saw the decease					nion death occurred on the dat
		ed above. ((We) (did) (did/ngt) v	lew the bady ofter death	1.	
23A. SIGNATU	150	200	(sung)		c. # —	23 B, DATE SIGNED
sou	encis	elling	Phy Phy	mding Med. Director	Shaff Phys.	May 11, 1972
23C. PHYSICIAN NAME (Ty	v*S	- Live		23D. ADDRESS		
Rober	t E. Belli	veau,	M.D.	3100 Wyman	Pk. Dr Ba	lto., Md. 21211
1	//	1	AME OF CEMETERY OF CR			y, town, or county) (State)
REMOVAL (S	AATION, 248. DATE	72	Loudon	THAK	19411,	14015
SA. DATE REC'D	BY HEALTH DEPT.	258. NAME (F REGISTRAR	25C. FUNERAL DIRECT	OR /	ADDRESS
M8Y 15	1079 Rubert	E Febr	w. ARBO O O	of the sud	14-136	E TORI CES

VS 150-REV. 1/1/68



7 251) BALTIMORE CITY HE		
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.	- בניסונה כ
BIRTH NC.	REG. NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE Known XX Month Day Ye	or Hour
Cecil Ison	DEATH Estimoted 4 12 72	М.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD		or Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD 4 12	12 10:45 a.
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If Institution: reside	nce be(ore admission)
1603 E. Baltimore St.	A. STATE B. COUNTY	311
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMI	TS?
male White	Ralto	
9. DATE OF BIRTH 10.AGE (in years	I I I I I I I I I I I I I I I I I I I	NO L
lost birthdoy) Months: Days Hours Min.		
MARCH 12 1925 47 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF	1603 E. Baltimore St.	
WHAT COUNTRY?	13. FATHER'S NAME	
KENTUCKY U.S.A.	KOGSEVEH ISON	
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR' dana during most of working life, even if retired)	Y 15. MOTHER'S MAIDEN NAME	
Apinter Printing	HANNAh Foutch	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)((if yes, give war or daies of service) SECURITY NO.	18. INFORMANT ADDRESS	5
(Yes, no or unknown) (If yes, give war or doles of service) SECURITY NO.	PARKER FUNRERS HOME CUMBE	ala O Vu
19. CAUSE OF DEA		APPROXIMATE INTERVAL
9 7/10		BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Fatty	y metamorphosis of liver	
(Ihis does not mean the made of duing a g	CAUSE AS A CONSEQUENCE OF:	
heart foilure, asthenia, etc. It means the disease, injury or complication which caused deoih.)	AS A CONSEQUENCE OF:	
ANTECEDENT CAUSES (B)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST.	THE RESIDENCE FRANCE	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AI	UTOPSY? (Yes or No)
0 2		yes
Z 22A. EXTERNAL CAUSE WAS 1228, PLACE OF INJURY (e.g.	in ar about 22C. WHERE DID (il in Baltimare City, give exact location	*
UNDERLYING OR CONTRIB- hame, form, factory, street, affic	e bldg., etc.) INJURY OCCUR?	an)
UTING CAUSE OF DEATH. 22D. TIME (Monih) (Day) (Year) (Hour) 22E.INJURY OCCURRED		
OF INJURY	22F. HOW DID INJURY OCCUR?	
m. WORK AT W	WHILE ORK	
23.		
I certify that I held an Inquiry Inspection Au		n
resulted from: Notural causes Accident Suicid	de Hamicide Undetermined manner	
H 11 100	CHIEF MEDICAL EXAMINER	
SIGNATURE SUMMER M.D.	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S Peter Lipkovic, M.D.	ASSOCIATE MEDICAL EXAMINER	4/13/72
NAME (Type)		
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	ar CREMATORY 24D, LOCATION (City, town, or cou	nty) (State)
	avec. Karl d	1
SURTAL 5-13-72 I SON CEM 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	ETERY Kinedom Come,	Ky.
255, NAME OF REGISTRAK	25C. FUNERAL DIRECTOR ADDRESS	OYORK RD
MAY 15 1972 13 8 1 3 8 8 Men	I P P I	weer Nol. 2120
VS 151-REV, 1/1/68	A STORY	1012.00



BALTIMORE CITY HEALTH DEPARTMENT

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1	4 -000		MED	ICAL	EX	AMINER'S C	CERTIFI	CATE	OF	DEAT	H REG	. NO	16	040	170
	RTH NO.						1					. 140.		-	
	NAME OF DEC	REV.	ROBEI	RT 🗮	SH	EFFEY LYONS	2. DATE OF DEATH	Known Estimot		Month	Do	у Ү	еог	Hour	М.
4.	PLACE IN BALT	TIMORE, MA	RYLAND, W	HERE PRO	UONC	NCED DEAD	3. DATE			Month	Do	у Ү	еог	Hour	
FUI HO OR	L NAME OF SPITAL INSTITUTION	(IF NO	T IN HOSPITA	L OR INSTI	TUTION	I, GIVE STREET		UNCED DE		May :		72		4:05	A. M
6		UNION 1	MEMORIA	L HOS	SPIT	AL	A CTATE	lary1a		geceosea i	B. COU		ence b	9 h	2
6.	SEX	7. RACE		B. MARRI	ED 🗌	NEVER MARRIED	C. CITY OF				D. INS	IDE CITY LIN	AITS?	1	
	Male	Whit	te	WIDOW	ED 🗌	DIVORCED .	Balti	more				YES S	1	10	
	DATE OF BIRTH	0 -	10. AGE (Ir		If Unde Months	r 1 Yr. If Under 24 Hrs. Doys , Hours , Min.	E. STREET	and num		1 Arror	2110				
	Ctober 1 BIRTHPLACE(S			- 1	2 CIT	IZEN OF	13. FATHER		IIa I	LAVEL	iue			_	
					WH	AT COUNTRY?	I.S. I ATTIER	J 147							
1.44	Virgin		a kind of world	AR KIND		JSA SINESS OR INDUSTRY	15 MOTH	Willi	am I	yons					
	e during most of w			AO. KIIAD	OF BU	3114E33 OK 114D031K1	13. MOINE	K 3 MAIDE	NAPI PI	10					
14	WAS DECEASE		ILC ADMED	Mi	nis	try 7. social	10 101500	Alice	Carp	enter		ADDRE			
(Ye	s, no or unknown)	(Il yes, give v	vor or dotes	of service)		SECURITY NO.	18. INFOR		-		000	ADDRES		~ ~ A	
	Yes.	266	WI			219 40 5879 CAUSE OF DEA	l Cur	tis M.	Lyo	ns	030	Exeter	APP	ROXIMATE I	NTERVAL
	710	X . 7				Arterio	sclerot	ic car	rdio	725011	lar d	isease	BETWE	EN ONSET	AND DEATH
		E OR COND LEADING TO		CTLY				.rc ca	Laro	vasca	Lai u	Iscase			
	(This does no	ot mean the	mode of dy	ing, e.g.,		(A)IMMEDIATE O		UENCE OF:							
	heort foilure, injury or com	osthenio, etc.	. II meons the ch coused dec	diseose, th.)		30210,000			•						
		NTECEDENT OR CONDITION		CIVING		(B)DUE TO, OR	AS A CONSE	OUENCE O	E.				-		
	RISE TO THE	ABOVE CA	USE (A) STAT			DOL 10, OK	AS A CONSE	QUENCE O							
Z	UNDERLYIN	IG CONDITI	ON LAST.			(C)						*****	-		
E			11												
CERTIFICATION	TO THE DEA	IFICANT CON	RELATED TO	THE TERMII											
RTIF		OPERATION			OR WI	HICH OPERATION WA	S PERFORA	AFD				21	AUTOF	SY? (Yes	or No)
CE	0				OK ***	THE COLUMN TO THE TAXABLE PARTY OF TAXABLE PARTY	O I EKI OKI	120				1			,
7	22A. EXTER!	NAL CAUSE	WAS	12	28 PL 6	ACE OF INJURY(e.g.,	in or obout	22C WHER	E DID (If in Boltime	ore City o	live exect loca	no	,	
EDIC	UNDERLYING	OR CON	TRIB-	F	nome, fo	arm, foctory, street, office	bldg., etc.)	NJURY OC	CUR?	11 111 00111111	ore city, g	IIV E EXOCI IOCO	,		
Σ	OF INJURY	Month) (D	oy) (Year) (Hour)		INJURY OCCURRED		22F. HOW I	DID IN	URY OCC	UR?				
	(APPROX.)				m. WHI		ORK								
	23.				,										
	I certi	ify that I h	eld on I	nquiry _	1 [nspection Au	tapsy 🔲	and the	at on th	ls basis,	, death I	In my apini	on		
	result	ed fram: N	atural cav	ses X	Acc	Ident Soicid	le H	omicide [] (J ndeterm	Ined mai	nner 🗌			
		1		100	/	111		CHIEF MED	DICAL E	XAMINER				DATE SIG	NED
	ACTUAL SIGNATU	IRE /	MI	M	16	uV MID	ASS	STANT ME	DICAL E	XAMINER	X			DAIL SIG	MACO
	EXAMINE NAME (T	ER'S RO	nald N	. Kor	nb1	um, M.D.		OCIATE MEI	DICAL E	XAMINER		5	5/10	/72	
	A. BURIAL CREA MOVAL (Specif	MATION, 2	4B. DATE	777	24C.	NAME of CEMETERY	or CREMAT	ORY	24D. I	OCATION	V (Cit	y, town, or c	ounty)	(St	ole)
	Burial		13 May			Newbern Cen	etery			Newbe:	rn, V	irgini	a		
25.	A. DATE REC'D	BY HEALTH I	DEPT.	25B. NA	-	F REGISTRAR		FUNERAL I			^	ADDRE		- 11	
	MAY 15		2000	E. Ja.	Ber,	43.	В	urgee,	Fyn	rall H	ome /	Balt	imo	re, M	d.
VS	151-REV. 1/1/6B		,	2	1	6))	3 .	W	aller	Y. A	enso			

The state of the s State of March March Conference of TO TO THE PROPERTY OF THE PARTY.

IMPORTANT **DIRECTOR:** FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT 72 04576 REG. NO. CERTIFICATE OF DEATH the Such death (5) Deceased hospital and 1. NAME OF DECEASED BO WER 2. DATE AND HOUR OF DEATH (Type or Print) uo Hoppers May 7, 1972 death. of 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. Il institution residence below admission) ance R COUNTY cause FULL NAME OF HOSPITAL OR INSTITUTION IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION MARYLAND C CITY OR TOWN attend Undetermined cause; D. INSIDE CITY LIMITS 0 0 BALTIMARE YES prior Union Memorial Hospital contributing E. STREET AND NUMBER occurred 3810 WHITE made. ar 5. SEX 6. RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In veors If Under 1 Yr. regul deceased lost birthdov Male Cauc. WIDOWED DIVORCED Nov. 8 55 IGA. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY 111. BIRTHPLACE (Stole of foreign country) 12. CITIZEN OF WHAT COUNTRY? isposition = done during most of working life, even if retired) North Carolina SALESMAN AutomobilE CIS 13. FATHER'S NAME the 4. MOTHER'S MAIDEN NAME direct <u>4</u> Josehine Earnest. Hoppers eath LO 0 kind; 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war of dates of service) 6. SOCIAL 17. INFORMAN final SECURITY NO. D No Sturdivant Funeral Home any 5 18. CROSABLE CAUSE OF DEATH pronounced 0 attend DISEASE OR CONDITION DIRECTLY balmed of LEADING TO DEATH (A) IMMEDIATE CAUSE fracture (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It means the disease, regular injury at camplication which caused death.) em ANTECEDENT CAUSES who DUE TO, OR AS A CONSEQUENCE OF: are 4 DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the physician UNDERLYING CONDITION last remains Was OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). Body 19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED the 20A. AUTOPSY? (Yes or No) 208 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 0 3 21 A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, farm, factory, street, office bldg., INJURY OCCUR? (II In Boltimore City, give exact location) to the hospital °N MEDICAL DEATH Inotily medical examined any nature; ¥ obtained 21D. TIME (Month) (Doy) (Year) (Hour 21F. HOW DID INJURY OCCUR? 21 & INJURY OCCURRED 9 approved Not While (except While At (APPROX.) and 22. I certify that (1) (this hospital) attended the deceased from 4-24 that (1) (we)-last saw the deceased alive on... 19 72 ond that in (my) (our) opinion death occurred on the date of hospital eath) the body was released ond hour and fragilithe couses stated obove. (1) (We) (tit) (did not) view the body after deoth. must An accident 23B, DATE SIGNED 0 Attending [Director Med. Shaff 10 approval DEGREE 9 23 CAHYSICIAN'S prior 23D. ADDRESS at NAME (Type) J. B. Littleton North Point Road, Baltimore, Maryland M.D. DEGREE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY MIX CREWATERY eceased 0.0 24D. LOCATION shows: Burial 5-10-72 Whitehead Union Cemetery Sparta Was 25A. DATE REC'D BY HEALTH DEPT. Table, M. B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Wm -Cook-Brooks Towson, Inc. VS 150-REV. 1/1/68

NO X

Hours

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

(Stote)

N.C.

IMPORE Fork Road

Towson, Maryland

U.S.A.

ADDRESS

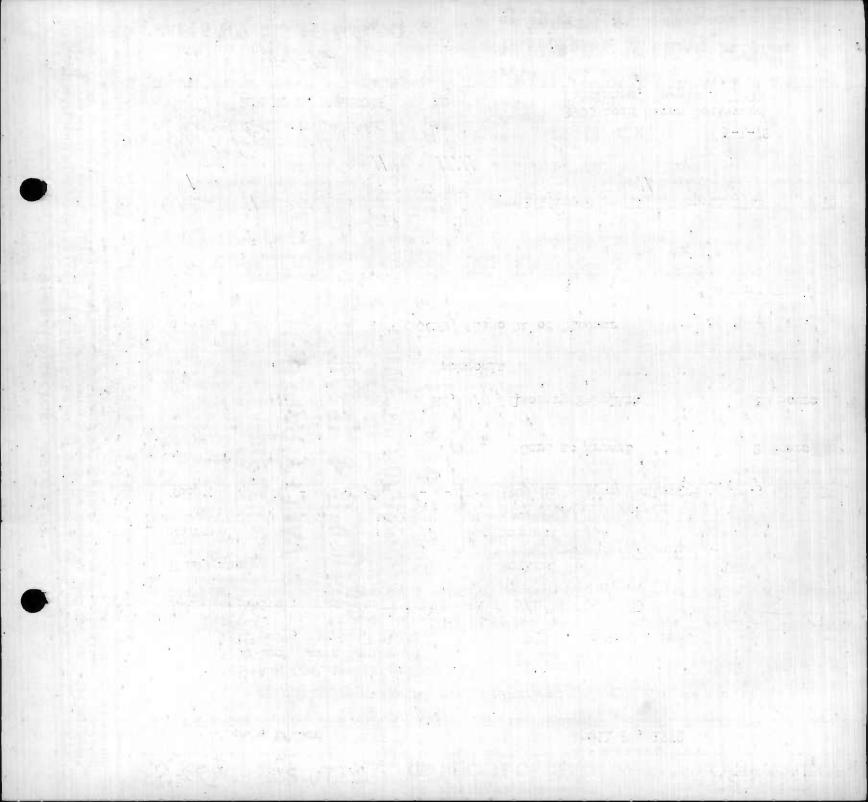
II Under 24 Hrs.

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A S T THE POPUL OF A STATE OF THE STATE OF T 4 6

deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

	1	/		BALTIMORE CITY	HEALTH DEPARTMENT		70 0	35°D
BIR	1-654 TH NO.	72 0	1577	CERTIFICA	TE OF DEATH	REG. NO		14077
	e or Print) ARI	NOLD, Edward				ND HOUR OF DEATH 1 28, 1972		Μ.
	PLACE IN BALTI	MORE, MARYLAND, W		1	4. USUAL RESIDENCE (Wh A. STATE B. COU	ere deceesed lived. If in	nstitution: resid	
HC	SPITAL OR	ADDRESS OR LOCA	AL OR INSTITU	JTION, GIVE STREET	Maryland c. City or town	In INS	IDE CITY LIMIT	52
IN:	VOITUTION	eterans Admin	nistrati	on Hospital	Baltimore	J. 1143	YES X	NO
		900 Loch Rav		-	E. STREET AND NUMBER			
		altimore, Mar			950 W. Lomb	pard Street		
5. 5		. RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Months: De	Yr. If Under 24 Hrs.
	Male	White	WIDOWED	DIVORCED A	5/1/88	lest birthdey)	THOMAS DO	, , , , , , , , , , , , , , , , , , , ,
		PATION (Give kind of work orking life, even if retired)	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fer	eign country)	12. CITIZEN	OF WHAT COUNTRY?
6011	Handy ma				England		USA	
13.	FATHER'S NAM				14. MOTHER'S MAIDEN NA	AME	0.515	
	unknown				unknown			
15. (Yes	Wes Deceased I s, no or unknown)	ver in U. S. Armed For If yes, give wer or dote	ces? s of service)	1 6. SOCIAL SECURITY NO.	VA Hospital	Records	A	DDRESS
	Yes	9/24/17 - 6	/16/19	217-16-7450	3900 Loch Rave		Balto.	Md 21218
	DISEASE	OR CONDITION DI	BECTLY X	CAUSE OF DEAT	Н			PPROXIMATE INTERVAL
		EADING TO DEATH		(A) IMMEDIATE CAL	ISE Cardiac Arr	rest	2	? Hours
	heart failure, a	t mean the made af sthenia, etc. II means	the disease,	DUE TO, OR AS	A CONSEQUENCE OF:			
		lication which caused	death.)	35T 70 /c		2.		20. 11
		NTECEDENT CAUSES			Pulmonary Embo	OTISM		20 Hours
		abave couse (A)			A CONSEQUENCE OF:			
		CONDITION last.	Stelling Into	(c) Pneumon	i <u>i</u> a			
		11			11.			
ATION	TO THE DEATH	CANT CONDITIONS CO BUT NOT RELATED TO TO INDITION GIVEN IN PAR	HE TERMINAL	COPD, Ade	eno CA of Bladde	r		
CERTIFICA	19A. DATE OF		DITION FOR V	WHICH OPERATION	20 A. AUTOPSY? (Yes er N	10 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CO	NSIDERED ATH?
CAL CE	OR CONTRIBUT	WAS UNDERLYING CHUG CAUSE OF		e, ferm, foctory, street, o	ffice bldg., INJURY OCCUR?	(If In Baltimo	re City, give ex	rect location)
MEDIC	21 D. TIME OF INJURY	(Month) (Deyl (Yearl	(Heur) 21E,	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?		
2	(APPROXI		Wh We	ile At Net While	e			
	22. 1 certify t	hat (h) (this hospital			April 23rd	19 72 to AT	ril 28t	h 19 72
	that (1) (we) 1	ost sow the deceose	d alive on	April 28th	19 72 and t		inion death o	occurred on the date
					view the body after death.			
	23A. SIGNATUR		7				23B. DATE S	IGNED
	N. Kos	+ 6 8 l	. 1 10.	A MD Atte	ending Med.	Staff Phys.	5-1-	72
	23 C/PHYSICIAN	1 C PPR	arroc	DEGREE	222			
	NAME (Ty	ROBERT E.	SHARROCK		3900 .	Loch Raven B		
244	RUPIAL CREM	ATION, 248. DATE		DEGREE AME of CEMETERY of CR	Dalul	more, Maryla	nio STST	up (State)
	REMOVAL (Sp	ecifyl	1	and of Garages of Garages	ANATUM	JUARU OI	A LANGE OF THE PARTY OF THE PAR	EVILLE (SIGNE)
25.1	DATE OF CAR	5-1-1	DER NAME OF	NE BECISTOAR	LINING CITY	MEDICAL	SCE	301
254	AAY 15 K	172 Pale E		REGISTRAR	EM PHEN DESIG	k limitou	L DOM	- DUMESS
VS	150-REV. 1/1/61		7 7	2.40	3 JUKTU	KY SERV	ICF -	RCHO



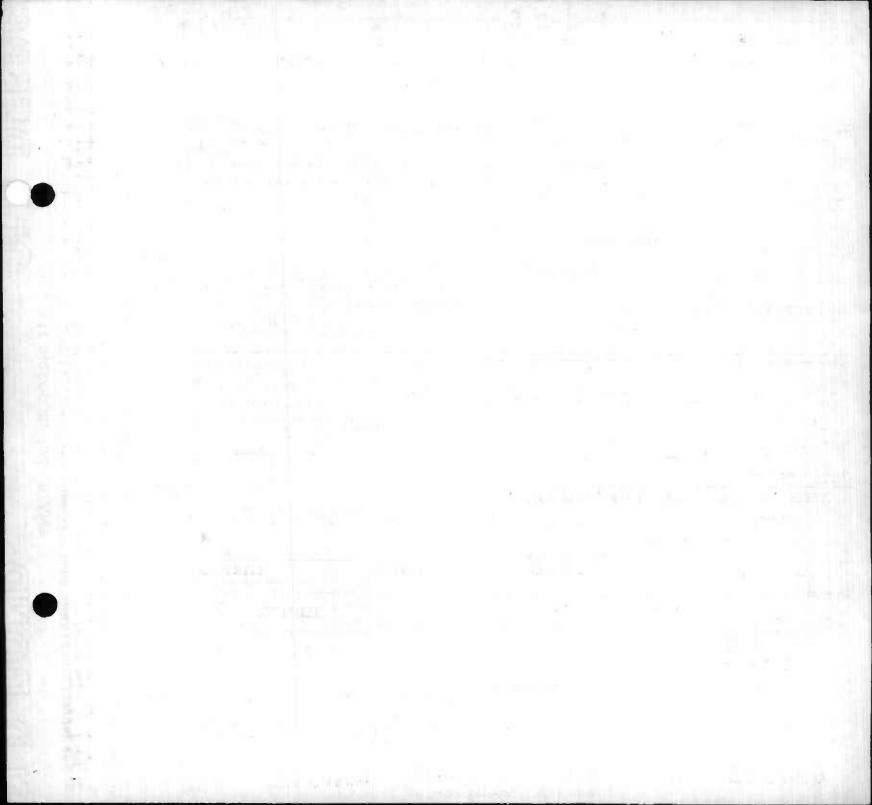
11-11/5	72	0457	BALTIMORE CIT	TY HEALTH DEPARTM	MENT	72 04578
BIRTH NO.				ATE OF DEA	TH REG. NO.	12 09378
1. NAME OF DEC	EASED Justan	des,	Emman	nel M. 2. t	DATE AND HOUR OF DEAT	8.50
3. PLACE IN BAL	TIMORE, MARYLAND, V	VHERE PRONOU	NCED DEAD	4. USUAL RESIDEN	CE (Where deceased lived, II	institution: residence before admis
FULL NAME OF	(IF NOT IN HOSBI	TAL OR INITITIE	TION, GIVE STREET	MARY	B. COUNTY)777
HOSPITAL OR	ADDRESS OR LOC	ATION)	HON, GIVE SIKEEL	C, CITY OR TOWN		NSIDE CITY LIMITS?
5				BALT	IMORE	YES NO
SINAI	HOSPITAL			E. STREET AND NU	MBER	
					B PARK HEIGHTS	
5. SEX	6. RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	Months Doys Hours M
MALE	WHITE	WIDOWED		AUGUST 5,	1897 74	
done during most of	JPATION (Give kind of worworking life, even if retired)	TIOK KIND OF	BOSINESS OF INDUSTI	IT 1 1. BIRTHPLACE (Stot	e or foreign country!	12. CITIZEN OF WHAT COU
MERCHA		RETA	\IL	RUSSIA		USA
13. FATHER'S NA				14. MOTHER'S MAIL		
MYER A	USLANDER			ETHEL GE	RBER	
15. Was Deceased (Yes, no or unknown	Ever in U. S. Armed For	rces?	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
N O				MRS POSE	AUSLANDER 6420	DB Park HGHTS.AVE.
18. 4/	0.71		CAUSE OF DEA		, community office	APPROXIMATE INTER
DISEAS	E OR CONDITION DI	RECTLY		M	-11.1.1	BETWEEN ONSET AND
(This does	LEADING TO DEATH	dutan	(A) IMMEDIATE CA	AUSE //40 C	ardial of	schon Jimul
heart loilure,	al mean the mode of asthenia, etc. If means	the diseose.	DUE TO, OR A	S A CONSEQUENCE OF:		
	plication which caused		DC	PUD		Negh
	ANTECEDENT CAUSES		(B)	-11)		1000
rise to the	R CONDITIONS, if obove cause (A) CONDITION last.		(c) (c)	ulmo mas	y Embalis	am Day
	11				4	
OTHER SIGNIF	CANT CONDITIONS CO	NTRIBUTING	Old a	ntero - unf	so lateral.	MI. Uncerta
▼ IDISEASE OR C	ONDITION GIVEN IN PAR OPERATION 1198 CON	IT 1 (A).				
19A. DATE OF	WAS PER	FORMED	HIGH OFEKAHON	20 A. AUTOPSY? (Y	IN CERTIFYING	E FINDINGS CONSIDERED
U 21A. ACCIDEN	IT WAS UNDERLYING TING CAUSE OF	218, 1	PLACE OF INJURY (e.g.	in or obout 21 C. WHERE	E DID (It in Baltim	nore City, give exact location)
OR CONTRIBU	TING CAUSE OF medical examined	home etc.)	, form, factory, street,	office bldg., INJURY OC	CU R?	and Sun aware targetteril
O 21D. TIME	(Month) (Doy) (Yeori	(Hour) 21E	INJURY OCCURRED	21F. HOW	DID INJURY OCCUR?	
S (APPROX.)		While	At T Not W	ile 🖂		
		Work		× 2/ / 7	*	4/19
	that (f) (this hospital		S/12/7	2/1/10	19to	19
	last saw the decease		/			pinion death occurred on the
ond haur and	from the causes sto	ted above. (#)	(We) (dld) (dtd=+t)	view the bady after	deoth.	
23A. 310NATO		Aow	S .	tending Med.	Shoff Od	23B, DATE SIGNED
220 BUVELOU		sow	DEGREE Ph	ys. Directo	Phys.	1 8/18/10
23C. PHYSICIA NAME (T	y. L.	My an	sous	23D. ADDRESS	rai Hosp	ilal
24A. BURIAL CRE	MATION, 24B, DATE	24C. NA	ME of CEMETERY OF C		24D. LOCATION	City, town, or county! (Sto
BURIAI		PROG	RESSIVE RUDO	MER VEREIN	ROSEDALE, MA	RYLAND
MAY 15 K		Janesen +	REGISTRAR	25C. FUNERAL DI	RECTOR	ADDRESS 10 REISTERSTOWN F
VS 150-REV. 1/1/6		7 1	K V	1133 571	d prop., oo	TO IMPOINTOION I

and in the comment of the comment of the y manager backs and and see the Series Share and the

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

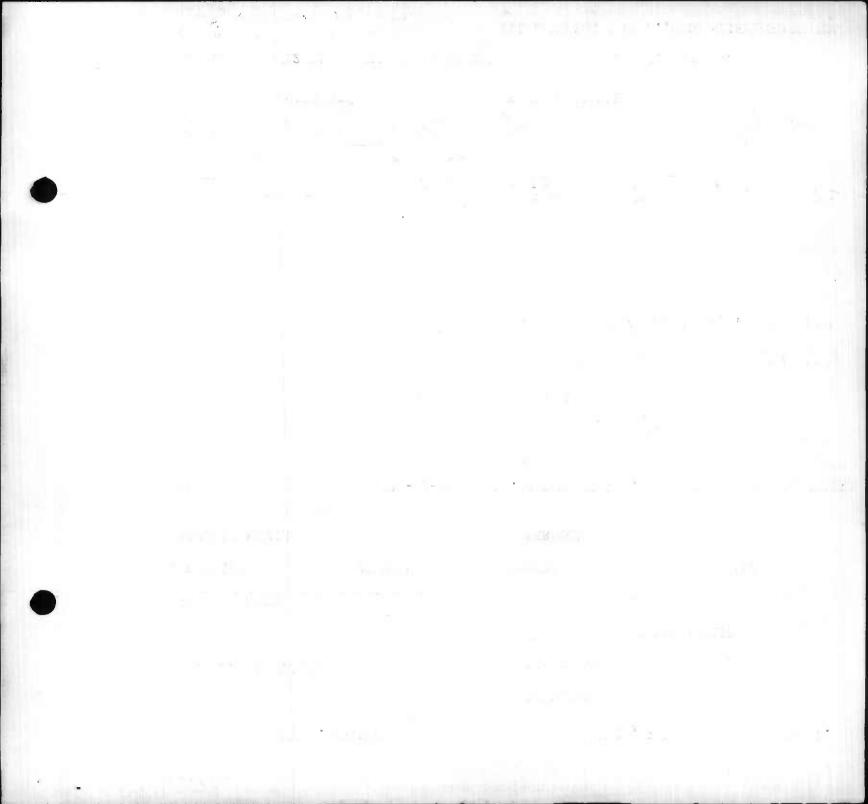
1 100	BALTIMORE CIT	Y HEALTH DEPARTMENT	
7-430 72 0457	G CEPTIFIC	TE OF DEATH REG. NO	72 04579
BIRTH NO.	CERTIFICA	AL OF DEATH	16 03010
I. NAME OF DECEASED		2. DATE AND HOUR OF DEATH	
(Type or Print) Fuld Nane	ette	May 10.	72 1 8:07 PM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR		May 10	institution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	M.D.	2831
HOSPITAL OR ADDRESS OR LOCATION)		C, CITY OR TOWN D. IN	SIDE CITY LIMITS?
		BALTIMORE E. STREET AND NUMBER	YES NO
SINAI HOSP.		4/0/ Crestheights	Rd #15
/ / / W WILTER	NEVER MARRIED	8. DATE OF BIRTH 10/11/97 9. AGE (in years lost birthday) 4	If Under 1 Ys. If Under 24 Hrs. Months Doys Hours Min.
1 Chicago	WED DIVORCED		
IGA, USUAL OCCUPATION (GIVE kind of work) 108, KIN	D OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State of foreign country)	12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if refired) HOUSEWIFE	AT HOME	GERMANY	U.S.A
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
UNKNOWN		BABETTE	?
15. Was Deceased Ever in U. S. Armed Forces? (Yas, no or unknown) iii yes, give war or dates of serv	16. SOCIAL	17. INFORMANT	ADDRESS
NO	SECURITY NO.	MR. JACK FULD, 4101 CRESTI	HEIGHTS RD. #21215
118.7 (4 😩 5 - 1	CAUSE OF DEA		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		2 1	BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A)IMMEDIATE CA	JUSE Cardiac Failus	3 hrs.
(This does not mean the mode of dying, heart failure, asthenia, etc. it means the disc	DUE TO, OR AS	A CONSEQUENCE OF:	unknown,
injury or complication which caused death.)			Sum otanatal
ANTECEDENT CAUSES	Tor	minal Car of Colon	- tor 3 days
DISEASES OR CONDITIONS, if any, gi	DUE TO OR A	Minal Ca, of Colons SA CONSEQUENCE OF:	
rise to the above cause (A) stating	the		
UNDERLYING CONDITION last.	(C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A). 194. DATE OF OPERATION WAS PERFORMED WAS PERFORMED	NAL COTOR	vary Arterioschosos, s	evere
DISEASE OR CONDITION GIVEN IN PART 1 (A).	FOR WHICH OPERATION	20A AUTOPSYS (Yes or No) 20B. IP YES, WER	E FINDINGS CONSIDERED
Hay 10 72 WAS PERFORMED	acting signed ca	IN CERTIFYING C	AUSES OF DEATH?
OF CONTRIBUTING CALLS OF	218 PLACE OF INJURY (e.g., home, form, foctory, street,	in or about 21 C. WHERE DID (If In Boltim office bidg, INJURY OCCUR?	ore City, give exact location)
✓ IDEATH (notify medical examined)	etc.)		
O 21D. TIME (Menth) (Doy) (Year) (Houd)	21 E INJURY OCCURRED	21% HOW DID INJURY OCCUR?	
(APPROX)	White At Work At Work		
22. I certify that (i) (this hospital) attend	led the deceased from	May 9 1972 to	May 10 19 72
that (1) (we) last saw the deceased alive			pinian death accurred on the dat
and hour and from the causes stated abar	V		
23A. SIGNATURE			238. DATE SIGNED
Jalano Son	M. O Ph	tending Med. Stoff Phys.	May 10, 72
23C.PHYSICIAN'S	DEG (4)	23D- ADDRESS	
23C. PHYSICIAN'S NAME (Typel			
24A. SURIAL CREMATION, 24B. DATE 2	DEGRE C. NAME at CEMETERY of C	E 24D. LOCATION (City, town, or county! (Stotel
REMOVAL (Specify)	ANTONIO AL MESTERIO EL M	and admindi	- The result of the second of
BURIAL 5-12-72	CHEVRA AHAVAS		MARYLAND
25A. DATE REC'D BY HEALTH DERT. 258. NO	MEDE REGISTRAR	SOL LEVINSON & BROS., 60	10 REISTERSTOWN ROA
VS 150-REV, 1/1/68	7-2-0-0	0 3 3 7 4	
4 3 130° KE 44 17 17 00			



-		1
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing course of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceosed was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician wos in regular attendance on the deceased prior to death. Such written approvol must be obtained before the remoins are embalmed or finol disposition is made.

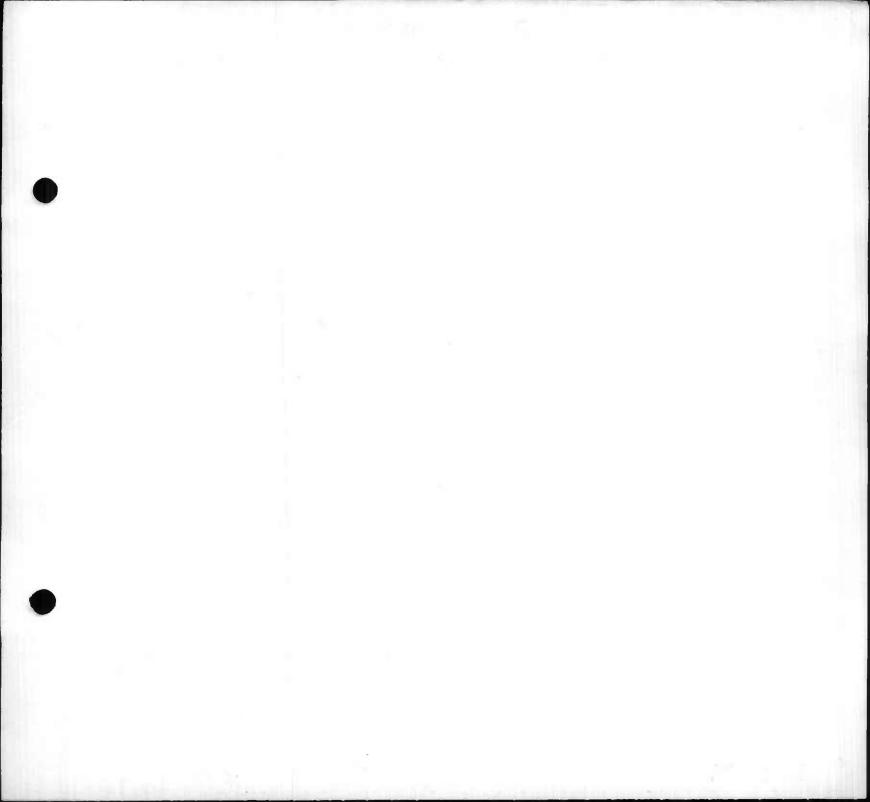
5-416		HEALTH DEPARTMENT	72 04530
BIRTH NO. 72	04580 CERTIFICA	TE OF DEATH REG. NO	0. 12 0.1000
1. NAME OF DECEASED	0-1100	2. DATE AND HOUR OF DI	
3. PLACE IN BALTIMORE, MARYLAND,	SILVER WHERE PRONOUNCED DEAD	MAY 10, 1972	10 P. M
		A. STATE & COUNTY	institution: residence before admission)
HOSPITAL OR ADDRESS OR LOG	TTAL OR INSTITUTION, GIVE STREET CATIONI	MARYLAND C. CITY OR TOWN	INSIDE CITY LIMITS?
4205 KENSHAW AVENU	JE .	BALTIMORE	YES NO
00		E. STREET AND NUMBER	
5. SEX 6. RACE	7. MARRIED X NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	I If Hadas 1 Vs. If Hadas 24 Har
FEMALE WHITE	WIDOWED DIVORCED	lost birthday)	Months Doys Haurs Min.
10A. USUAL OCCUPATION (Give kind of we done during most of working life, even if retired)	ork 108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State ar loreign country)	12. CITIZEN OF WHAT COUNTRY
HOUSEWIFE	AT HOME	RUSSIA	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
BENJAMIN KRAMER		RE B ECCA	
15. Was Deceased Ever in U. S. Armed Fo (Yes, no or unknown! (If yes, give war ar da	orces? Ites of services SECURITY NO.	17. INFORMANT	ADDRESS
NO O	215-01-8996A	MR. JOSEPH SILVER, 4205	KENSHAW AVENUE #2121
18. 4/01/ IT 2	SOLY CAUSE OF DEATH	H A	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION D	1	Aculomydenel	eal 1-la.
1This does not mean the mode of heart failure, asthenia, etc. 11 mean	il dying, e.g., DUE TO, OR AS	A CONSEQUENCE OF	we,
injury or complication which cause	d death.)	0 7	
ANTECEDENT CAUSE	(8)	Veul Myrcalder	defend
DISEASES OR CONDITIONS, if	any, giving DUE 10, OR AS	A CONSEQUENCE OF:	1
UNDERLYING CONDITION last.	(c) Cer	may aut 1008	and sec. you
OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING	0.0.01	- 1
A DISEASE OR CONDITION GIVEN IN PA	THE TERMINAL RT 1 (A).	ous rue	us der 7.00.
19A. DATE OF OPERATION 198. CO	NOTION FOR WHICH OPERATION REFORMED	20A. AUTOPSY? (Yes or No.) 208. IF YES, W	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIBUTINO CAUSE OF	21 B. PLACE OF INJURY (e.g., in home, farm, factory, street, aft etc.)	ar about 21 C. WHERE DID (It in Bo	itimare City, give exect location)
D 21 D. TIME (Manth! (Doy) (Year!	(Hour 21 E. INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?	
E OF INJURY	While At Wark		
22. I certify that (1) (this hospita		Jan 1969 10	5/10 19/2
that (1) (we) lost sow the deceas	A remarks	レフつ	apinion death occurred an the date
and haur and from the causes sta	ated above. (1) (SPE) (did) (did not) vi		opinion death occorred an the date
23A. SIGNATORE	100	N /	238. DATE SIGNED
05 mars	DE GREE Phys	1/	5/11/72
23C. PHYSICIAN'S NAME (Type) LEONARD		3D. ADDRESS 11 SLADE AVENUE	
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY of CRE	MATORY 24D. LOCATION	(City, tawn, or county) (State)
BURIAL 5/12/7	2 BETH HAMEDROSH HA	GODOL ROSEDALE, M	
25A. DATE REC'D BY HEALTH DEAT.	258 NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS O10 DETCTEDSTOWN DOAD

VS 150-REV. 1/1/68



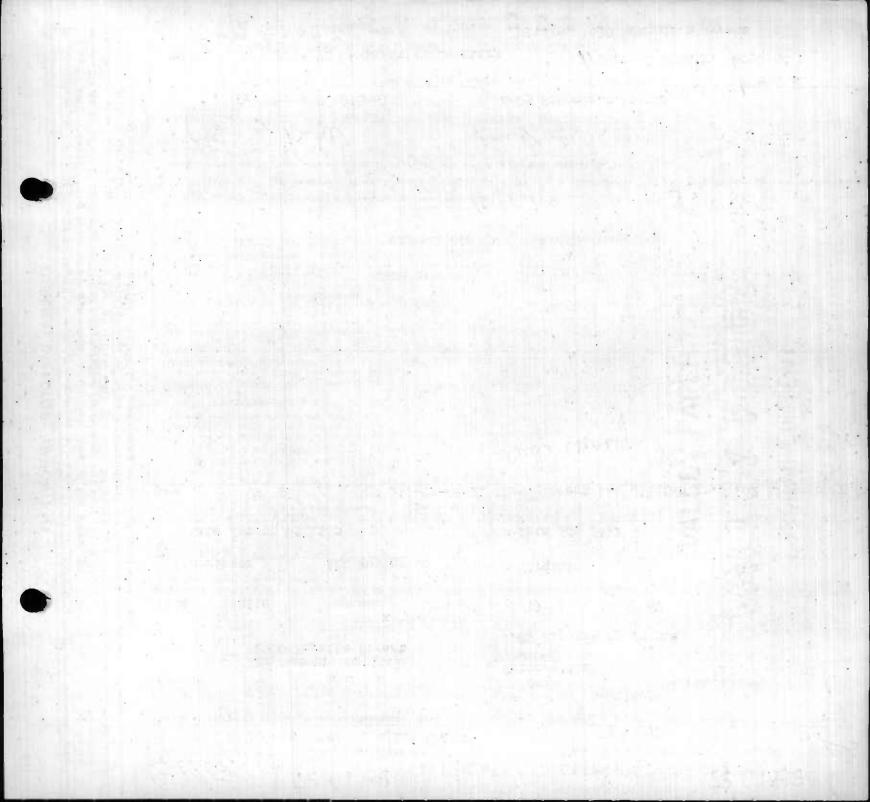
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1	M - 200 BALTIMORE C	ITY HEALTH DEPARTMENT							
	BIRTH NO. 72 04586 CERTIFIC	CATE OF DEATH REG. NO. 72 04581							
	1. NAME OF DECEASED ALATINATION OF Prints	2. DATE AND HOUR OF DEATH							
	1 NATHANIEL N	017 5/13/72. 10.05 Am							
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, Il institution; residence before admission) A. STATE B. COUNTY							
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MD 2831							
	INSTITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS?							
9	SINAI HOSPITAL	E. STREET AND NUMBER							
	BALTO. MD 21215	4632 REISTERTOWN RD.							
	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years If Under 1 Yr., If Under 24 Hrs.							
	MAZE N. WIDOWED DIVORCED	6-21.05 lost birthday) Months Doy's Hours Min.							
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUST done during most of working life, even if retired)	RY 11. BIRTHPLACE (State of loreign country) 12. CITIZEN OF WHAT COUNTRY?							
	The same of the sa	northly and later							
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
	unknowen								
l	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS							
	2/6-03-1	13							
	18. / 6 / 7 I CAUSE OF DE	AFFROAIMATE INTERVAL							
	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	ET CALCILLE							
	(This does not mean the mode of dying, e.g., (A) IMMEDIATE CAUSE (A) IMMEDIATE CAUSE (D) IF TO OR AS A CONSCIUENCE OF								
	heart failure, asthenia, etc. Il means the disease, injury or camplication which caused death.								
	heort failure, aslhenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving itse to the above cause (A) stating the								
	DISEASES OR CONDITIONS, if any, giving (B) DUE TO, OR	AS A CONSEQUENCE OF: DOD CAIR ATTAIN							
I	iise to the above cause (A) stating the UNDERLYING CONDITION last. (C)	FERFORATION							
II	11								
	O THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL								
	DISEASE OR CONDITION GIVEN IN PART 1 (A),	1004 a							
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A), 13A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING 1 21B-PLACE OF INJUNY	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?							
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (o.g. OR CONTRIBUTING CAUSE OF Industrial Country Street	in or obout 21C. WHERE DID (II in Boltimore City, give exect location)							
	DEATH (notily medical examine) elast	office bidg. INJURY OCCUR?							
	DEATH (notify medical examiner) OF INJURY DEATH (notify medical examiner) OF INJURY OF INJURY Notice form, fociory, sheet, etc.)	21F. HOW DID INJURY OCCUR?							
	(APPROX.) While At Not Work At Wo	hilo							
	22. I certify that (1) (this hospital) attended the deceased from	101-20 10 111-122							
	that (1) (we) last saw the deceased alive on	19 to 19 19 19 19 19 19 19 19 19 19 19 19 19							
	and hour and fram the causes stated abave. (1) (We) (did) (did nat)	view the bady after death.							
	23A- SIGNATURE	23R DATE SIGNED							
	Orong Pl	Hending Med. Shoff Director Phys. S							
ŀ	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS.							
	JOG ENDRA SINGH DEGRE	SINAI HOSPITAL							
		REMATORY 24D. LOCATION (City, town, or county) Slotel							
	13 much 5 257 2 /14 aubun	I cloudy 12 lelison no							
	MAY 1 5 1972 (See 2 C. NAME OF REGISTRAR	25C, FUNERAL DIRECTOR ADDRESS							
IF	S 150-REV. 1/1/68	1 1 2 1 2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1							



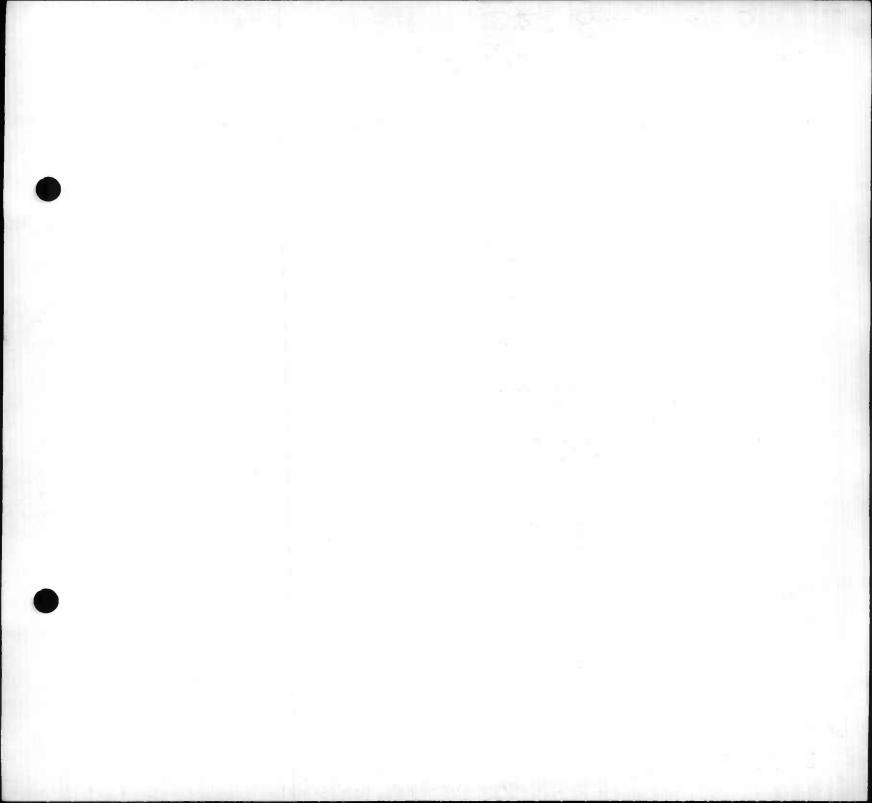
ith occurred in a hospital and	contributing cause of death	determined cause; (5) Deceased	in regular attendance on the	eceased prior to death. Such	on is made.	
approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.	
This certificate must be approved by the c	the body was released to the hospital by	shows: (1) An accident of any nature; (2) B	was D.O.A. at a hospital (except where t	deceased prior to death); and (6) No phy	written approval must be obtained before	

/	7	170	0/201	BALTIMORE CITY	HEALTH DEPARTMENT		90 04500
BIR	2-450	12	0458	CERTIFICA	TE OF DEATH	REG. NO.	72 04582
1, N	AME OF DECEAS	Robert Le	ee (Gillian, Sr.	2. DATE	AND HOUR OF DEA	TH 10 A
3. 1	PLACE IN BALTIM	ORE, MARYLAND, V	HERE PRONO	UNCED DEAD		Where deceased lived. I	f institution: residence before admission)
HO	LL NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTITUTION)	UTION, GIVE STREET		altimore	NSIDE CITY LIMITS?
		Bon Secou	r Hospit	cal	Catonsville		YES NO X
	34	2000 Faye			202 Bloomsb		
s. s		hite	7. MARRIED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 2/13/04	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
					11. BIRTHPLACE (State or I	foreign country)	12. CITIZEN OF WHAT COUNTRY
don		ing life, even if retired)	ADO W		Virginia		USA
13.	Propriet	or	ABC Mov	ing co	14. MOTHER'S MAIDEN I	NAME	USA
		oseph Gilli	an		Late Ada H		
15.	Was Decement Eve	or in U. S. Armed Fo	10007	1 6. SOCIAL	17. INFORMANT	alla educado	ADDRESS
			es of service?	SECURITY NO.	Man Dahamb	Inc Cillian	Cm 2002 P3 complete
y	18. 1 / / O	WW 2		212-01-0852A	Mrs. Robert	Lee Gillian,	APPROXIMATE INTERVAL
	410	OR CONDITION DI	DECTI V		- A		BETWEEN ONSET AND DEATH
		ADING TO DEATH	NEC 151	(A)IMMEDIATE CAL	Sevile Gra	NAM	
		mean the made at		DUE TO, OR AS	A CONSEQUENCE OF:	900	
		henia, etc. 11 means alian which caused				V	
	ANI	ECEDENT CAUSES					
	DISEASES OR	CONDITIONS, if	anv. aivina	(B)	A CONSEQUENCE OF:		
	rise to the	above cause (A)					
	UNDERLYING C	ONDITION last.		(c)	***************************************		
NOI		NI CONDITIONS CO					70.7
CAT	DISEASE OR CON	DITION GIVEN IN PAI	RT I (A).	WHICH OBERATION	120A ALITOBEV2 (Voc. on	Nall 208 IF YES WE	RE FINDINGS CONSIDERED
CERTIFIC	O OF	PERATION 198. CON	FORMED	WHICH OPERATION	20A. AUIOP51? (188 0)	IN CERTIFYING	CAUSES OF DEATH?
CER	21A. ACCIDENT	WAS UNDERLYING	218	PLACE OF INJURY (e.g., i	n or obout 21C. WHERE DID	(If in Boltin	mare City, give exoct location)
AL	OR CONTRIBUTION	dicol exominer	hon etc.		fice bldg., INJURY OCCUR		
EDIC		Nonth) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
X	(APPROX.)		Wh	ile At Not While	e 🔲		
		40.44.			77-10		111.72
				he deceased from		19to	19
		st saw the deceas		3 11 10			apinian death occurred an the date
	CI.	am the cooses sta	ted above. ((ton bib) (Bib) (eW) (I	lew the bady after deat	th.	
	23A. SIGNATURE	C/1/2 1			/ /		23B. DATE SIGNED
	1 Jan	8/m	W	GEGREE Phy	mding Med. Director	Staff Phys.	11/0/0
	23C. PHYSICIANS	,			23D. ADDRESS		
	ITANIE (TYPE	Dr. Harry S	Gimbe		4605 Edmonds	on Avenue	
244	BURIAL CREMA REMOVAL (Spec	TION, 24B. DATE		AME of CEMETERY OF CR	EMATORY 240	LOCATION	(City, town, or county) (State)
	Burial	5/15/7 HEALTH DEPT.	72 IA	keview Cemete	rv		nty, Maryland
25 A	DATE REC'D BY		- A	keview Cemete:	2SC. FUNERAL DIREC	TOR	ADDRESS
M	AY 15 197	Z Valent E	Valley	KE O O O	Witzken 16	30 Edmondson	n Avenue
VS	150-REV. 1/1/6B				0 0		



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	Marie 72 04583	BALTIMORE CITY	HEALTH DEPARTMENT							
	SIRTH NO. 72-15-194		TE OF DEATH	REG. NO.	72 04583					
	NAME OF DECEASED Type or Print)	14 / 12 1	2. DATE AN	D HOUR OF DEATH	> 30 0					
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (When	23/72	M. slitution: residence before admission					
	FULL NAME OF HE NOT IN HOSPITAL OR INSTITUT		A. STATE B. COUN	RATO	in the state of th					
	HOSPITAL OR ADDRESS OR LOCATION	ort singe.	C. CITY OR TOWN							
	This was the Asia		E. STREET AND NUMBER	or I	YES NO NO					
	aniversity frosp		11 Solar 1	ucle						
5	SEX 6. RACE 7. MARRIED	THE VER HOURKIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months; Days Hours; Min.					
1	OA. USUAL OCCUPATION (Give kind of work) 10 B, KIND OF B	USINESS OR INDUSTRY	11. BIRTHPLACE (State of force)	an country)	12. CITIZEN OF WHAT COUNTRY?					
٥	one during most of working life, even if retired)			ga coonly,	12. CHIZER OF WHA! COUNTRY!					
Ī	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE						
	Daniel McLAIN		Barbara							
0	S. Wos Deceosed Ever in U. S. Armed Forces? es, no or unknown! (If yes, give wor or dotes of service)	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS					
-	18. CAUSE OF DEATH									
	DISEASE OF CONDITION DIRECTLY									
	This does not mean the mode of dying an (A) IMMEDIATE CAUSE									
	heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	00E10, 0K AS A	Bremat	inty						
	ANTECEDENT CAUSES (B) AASRAADON AARTON									
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	DUE TO, OR AST	A CONSEQUENCE OF:		**************************************					
	UNDERLYING CONDITION tast. (C)									
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL									
1	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION FOR WH	ICH OPERATION	20A. AUTOPSY? (Yes or No)	20R IS VEC WEDE OF	NOINGS CONSIDERED					
Cearies	WAS PERFORMED		IN CERTIFYING CAUSES OF DEATH?							
147	OR CONTRIBUTING COANCE OF	ACE OF INJURY (e.g., in form, factory, street, affi	or about 21 C. WHERE DID	(If In Boltimore	City, give exoct locotion)					
Polo	21D. TIME (Month) (Dayl (Your (Hour 21E IN	JURY OCCURRED	215 HOW 212 IVIII	10V 0.001189						
NA SA	OF INJURY (APPROX.) While Work		21F. HOW DID INJU	OCCUR!						
	22. I certify that (I) (this hospital) attended the		4123/72 1	2 to 4/	23/72 19					
	that (I) (we) last sow the deceased alive on	4/23	19 72 and the		an death accurred on the date					
	and have and from the causes stated above. (1) (We) (did) (did nat) view the bady after death.									
	23A. SIGNATURE MD Attending Med. Stoff Med. Stoff Med.									
	23C. PHYSICIAN'S NAME (Type)	DEGREE Phys.	D. ADDRESS	hys.	4/231/2					
	Roberta Luc	-175 /9D	IENIU	· Hos	5 P					
24	REMOVAL (Specify)	E of CEMETERY, OF CREA	AATORY 24D. LO	CATION (City,	town, or county)					
25	Kennico	REGISTRAR	25C. FUNERAL DIRECTOR	V30110.	Ma					
	MAY 15 1972 Robert & Janbary	KD 0 0	P3 There	- M	ADDRESS					
VS	150-REV. 1/1/6B		1/							

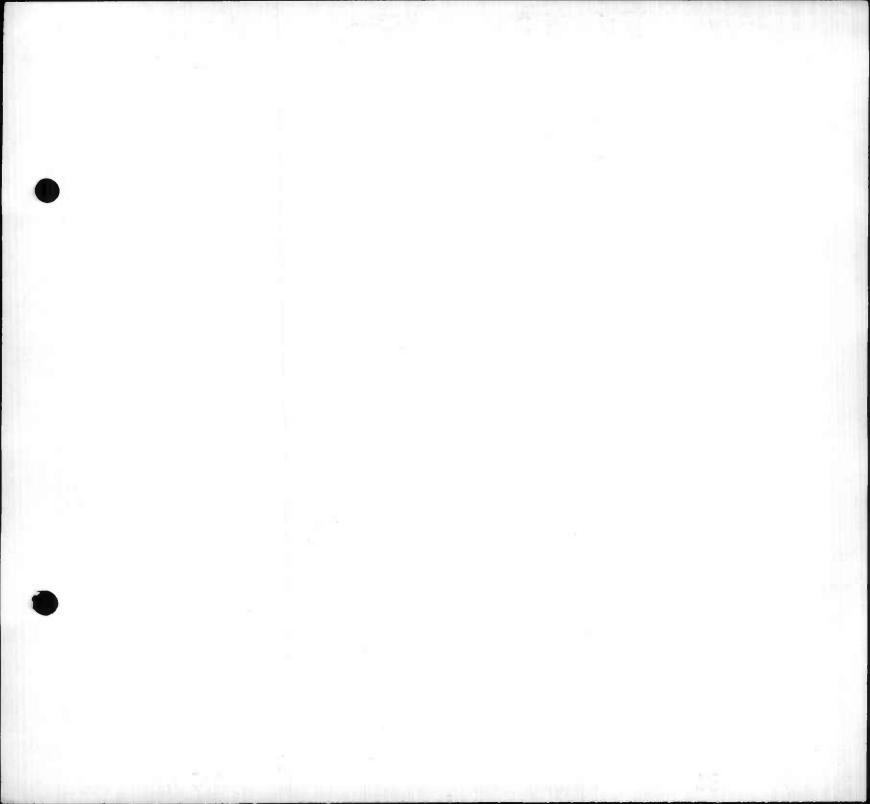


IMPORTANT FUNERAL DIRECTOR:

and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. was in regular attendance on the a hospital approved by the chief medical examiner or his assistant if death occurred in death was D.O.A. at a hospital (except where the physician who pronounced This certificate must be

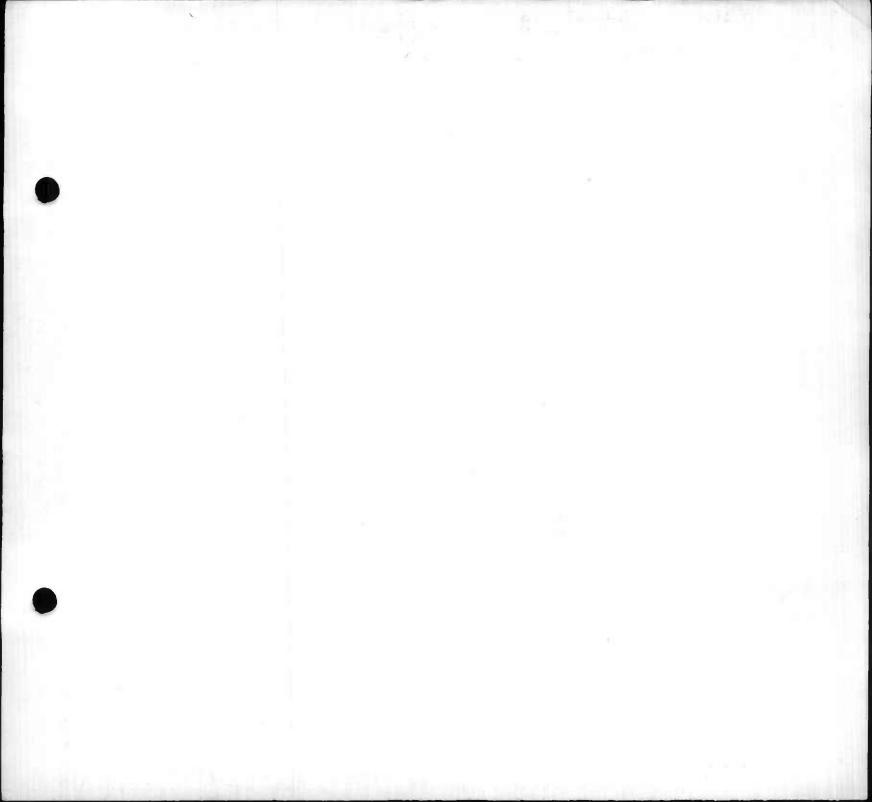
	M-245		HEALTH DEPARTMENT	X 7	2 04584					
	IRTH NO/205 795 72 0458	4 CERTIFICA	TE OF DEATH	REG. NO.						
	NAME OF DECEASED	2 00	2. DATE AN	ID HOUR OF DEATH	. Pm					
1	NACE IN PARTITIONS	O Me	Hin 4	1/23/7	2 / / M					
"	PLACE IN BALTIMORE, MARYLAND, WHERE PI	ONOUNCED DEAD	4. USUAL RESIDENCE (When	re deceased lived. If ins	titution; residence before admission)					
H E	ULL NAME OF (IF NOT IN HOSPITAL OR II	NSTITUTION, GIVE STREET	ma	KLIO	5 500					
li ii	NSTITUTION ASSISTANCE TO A LOCATION		C. CIPY OR TOWN	D. INSID	E CITY LIMITS?					
1	9/1 . //		Baltemor	4	YES NO					
	University A	055	E. STREET AND NUMBER	Circle						
3.	SEX 6. RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 His. Months! Doys Hours Min.					
1	WIDO'		4/1/2/72		10					
do	A. USUAL OCCUPATION (Give kind of work 10 B. KIN ne during most of working life, even if relired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRYS					
					11					
13.	FATHER'S NAME	,	14. MOTHER'S MAIDEN NAM	AE	J					
	Daniel McL	7 m	Broker							
15.	. Was Deceased Ever in U. S. Armed Forces? es,no or unknown) (If yes, give wor er doles of serv	1 6. SOCIAL	17. INFORMANT		ADDRESS					
1	of the state of th	SECURITY NO.								
	181 / 4 -4 1	CAUSE OF DEATH								
	DISEASE OR CONDITION DIRECTLY									
	LEADING TO DEATH									
	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dise	e.g., (A) IMMEDIATE CAU	CONSEQUENCE OF:	101-1 91	/ () /					
	injury or complication which coused deoth.)	050,	0							
	ANTECEDENT CAUSES	(2)	Dematur	, to						
li .	DISEASES OR CONDITIONS, il any, giving (B) DUE TO, OR AS A CONSEQUENCE OF:									
[]	inse to the obove couse (A) stating the									
	ONDERLING CONDITION last, (C)									
NO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG								
АПО	DISEASE OR CONDITION GIVEN IN PART 1 (AL	IAL		***************************************						
ERTIFIC	19A-DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes ar No)	208, IF YES, WERE FIN	NDINGS CONSIDERED					
U	21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218 PLACE OF INJUSY (e.g., In	er obout 21 C. WHERE DID	(If In Baltimore	City, give exoct location)					
3	DEATH (netify medical examiner)	heme, form, fectory, street, offi	ce plag. INJURT OCCUR!							
MEDICAL	21D-YIME (Menth) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?							
8	(APPROX.)	While At Not While								
	22. I certify that (i) (this hospital) attende	Werk At Work	16/3 3/2		1/00/					
	that (i) (we) last saw the deceased alive		72 19 and the	7	an death accurred an the date					
	and haur and from the causes stated above	e. (I) (We) (did) (did not) vi	w the bady after death	· ·····// /ani/ abititi	Trail arcolled du lus 0016					
	23A, SIGNATURE	11.0		, 1 2	3B, DATE SIGNED /					
	K. Luc	Aften Phys.	ding Med. S	hys.	4/23/72					

PHYSICIAN'S NAME (Type) 23D. ADDRESS 24C. NAME OF CEMETERY OF CREMATORY BURIAL CREMATION, 24B. REMOVAL (Specify) 517 24D. LOCATION (City, town, or county) 45 total EMMINERS ffice 78 1972 25C. FUNERAL DIRECTOR MEO VS 150-REV. 1/1/68

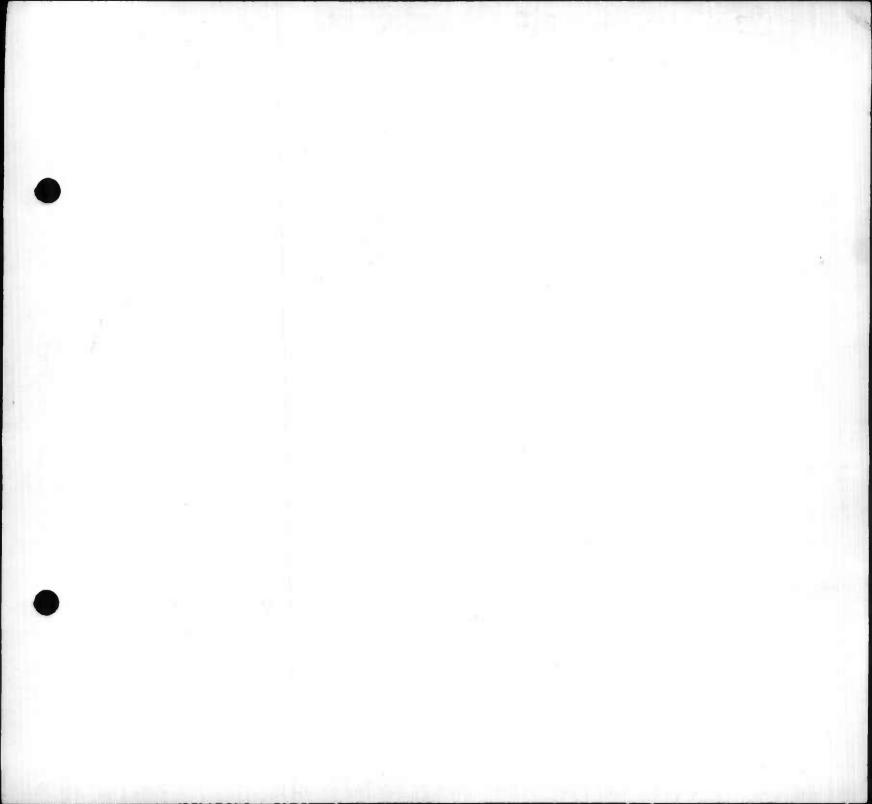


was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

1	0-435 72 045		HEALTH DEPARTMENT		72 04585				
	RTH NO. 72-1/63/	CERTIFICA	ATE OF DEATH REG. NO. 12 04.383						
СТ	1 8	DHAM	2 DATE AND HOUR OF DEATH 4/29/92 1 /2.45 P						
3,	PLACE IN BALTIMORE, MARYLAND, WHERE PI	RONOUNCED DEAD	4. USUAL RESIDENCE (W.	here deceased lived, If	institution residence before admission)				
H	ULL NAME OF (IF NOT IN HOSPITAL OR I ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	A. STATE B. COUNTY Glembernie A. Balfimore Glembernie A. C. CITY ORTOWN D. INSIDE CITY LIMITS?						
	University of Marylo	and Hospilal	BOSTIMO.	ne	YES NO W				
	58	/	712 (velham al	Us. 5200				
5.	6. RACE WIDO	RIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH # /29 / 72	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.				
10.	A. USUAL OCCUPATION (Give kind of work 108, KIN		11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY				
	-		University 1	Hospital	U.S.A.				
13	FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME					
	oward Oldham		Detty	Kenig					
(Ye	Was Deceased Ever in U. S. Armed Forces? s,no or unknown! (If yos, give wor or dates of sen	SECURITY NO.	17. INFORMANT	J	ADDRESS				
	18. 7 26.9 1	CAUSE OF DEAT	H		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
	DISEASE OR CONDITION DIRECTLY								
	(This does not mean the mode of dving an (A)MMEDIATE CAUSE JUSTITION FACTOR								
	heart failure, asthenia, etc. Il means the disease, injury ar camplication which coused death.)								
	ANTECEDENT CAUSES								
	DISEASES OR CONDITIONS, if any, gi	iving DUE TO, OR AS	A CONSEQUENCE OF:						
	UNDERLYING CONDITION last								
NOIT	0 THER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERMINATE OF TH	ING NAL	-						
CERTIFICATION	DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994 DATE OF OPERATION 1998 CONDITION I WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED				
CAL CE	21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (notify modical examine)	21& PLACE OF INJURY (e.g., in home, farm, foctory, street, of etc.)	or about 21C. WHERE DID	(If In Boltimon	re City, give exact lacotion)				
MEDI	21 De TIME (Month) (Doy) (Year) (Houd) OF INJURY	21E INJURY OCCURRED	21F. HOW DID IN	NJURY OCCUR?					
2	(APPROX.)	While At White At Work		-courts	W				
	22. I certify that M (this hospital) attend	ed the deceased from	4/29	19 72 to	4/29 19 72				
	that (I) (we) lost sow the deceased alive	on	19 72 ond	that in (my) (our) api	nion deoth accurred on the dote				
	and hour and fram the causes stated abay	e. (i) (We) (did) (did nat) vi	ew the body ofter death	10					
	Jusuona Prukso,	23 & DATE SIGNED 4/29/92							
	23G. PHYSICIAN'S NAME (Type) LUSUMA PRUI	T SAPONG, M.D.	3D. ADDRESS Univer	Staff Phys. 1/03p	. 12 3 1 1 2 2 1				
244	Marrie Aber (Abecity)	C. NAME of CEMETERY OF CRE		LOCATION (Ci	ty, town, or county) (State)				
C	REMATER 5-0-12 M	redical EXAMINERS	Office	Balto.	MS				
254	MAY 15 1912 Pale 254 MAY	WE OF REGISTRA	25C. FUNERAL DIRECTO	O_	ADDRESS				
VS	150-REV. 1/1/68	5 800 PUP	To desc		MED				

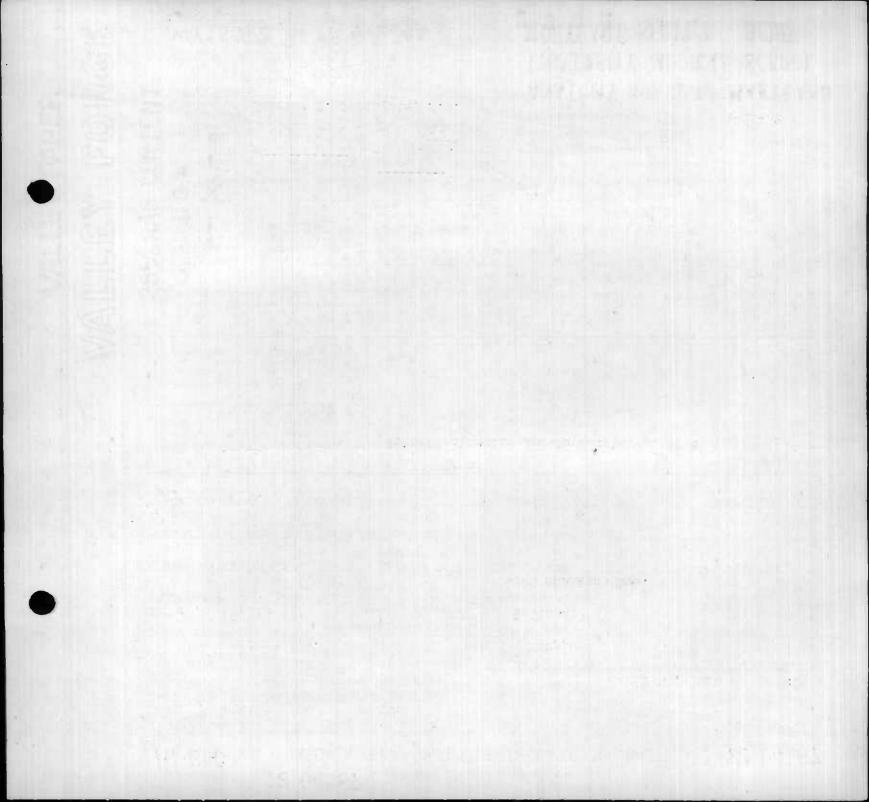


72 04586 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH rect or contributing cause of death (4) Undetermined cause; (5) Deceased Such BÍRTH NO. I. NAME OF DECEAS 2. DATE AND HOUR OF DEATH (Type or Print) E O hospital 29 death. 3. PLACE IN BALTIMORE MARYLAND WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution residence before attendance A. STATE & COUNTY Maryland FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN 0 D. INSIDE CITY LIMITS? 0 Ballimore NO prior contributing E. STREET AND NUMBER occurred 87. disposition is made. in regular 5. SEX 6. RACE 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED II Under 1 Yr. Il Under 24 Hrs. Hours Min. deceased NEVER MARRIED V WIDOWED DIVORCED 8 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? death done during most of working life, even il retired) Union Memorial U.S.A Was 13. FATHER'S NAME the 14. MOTHER'S MAIDEN NAME direct assistant if eath FO kind; 15. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL SECURITY NO. 17. INFORMAN ADDRESS or fina (Yes, no or unknown) (If yes, give wor or doles of service) attendance ō any pronounced CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Also, DISEASE OR CONDITION DIRECTLY of embalmed LEADING TO DEATH (A) IMMEDIATE CAUSE fracture (This does not mean the mode of dying, e.g., heart failure, asthenio, etc. It means the disease, DUE TO, OR AS A CONSEQUENCE OF: examiner regular examiner. injury or complication which caused death.) ANTECEDENT CAUSES who 4 are DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF 3 Ξ. rise to the above couse (A) slating the physician before the remains UNDERLYING CONDITION lost. the chief medical medical burns; physician was 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). (2) Body 19A-DATE OF OPERATION 19E CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED the U IN CERTIFYING CAUSES OF DEATH? where 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218 PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (Il in Bollimore City, give exact location) to the hospital o N MEDICAL DEATH (notify medical examined of any nature; be obtained 21 D. TIME OF INJURY (Hour) (Month) (Doy) (Your) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 approved (except While At Not While (APPROX) and Work At Work 22. I certify that (I) (this hospital) attended the deceased from 72 29 death); that (i) (we) last saw the deceased alive an. and that in (my) (aur) apinian death accurred an the date hospital This certificate must be he body was released and haur and from the causes stated above. (i) (We) (did) (did not) view the bady after death. must accident 23A. SIGNATURE 23 B. DATE SIGNED Attending Med. deceased prior to Director __ written approval Phys. U 23C. PHYSICIAN'S 23D. ADDRESS B NAME (Type) (I) An 17. 2 niversilu 'analand D.O.A. 24A. BURIAL CREMATION, REMOVAL (Specify) 24C, NAME of CEMETERY of CREMATORY 24DY LOCATION (Slote) shows: Remated EXAMINCLS SDM 25A. DATE REC'D BY HEALTH DEPT. 258 NAME OF 25C. FUNERAL DIRECTOR



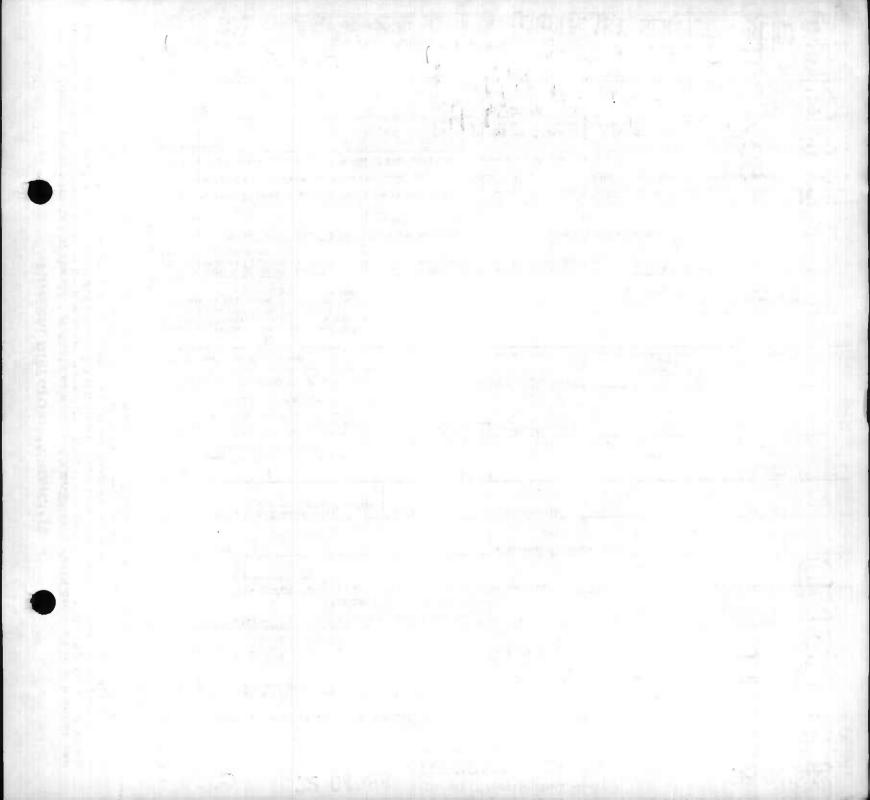
	M-6M	7	2 04			ORE CITY HE			E DEAT	r	20	OAK	
011	7 000		WED	ICAL	EXAMI	MEK 2 C	EKIIFIC	LATEO	F DEA	TH REG. NO.	15	040	31
1.	NAME OF DEC	EASED EDWARD		M	OREAU		2. DATE OF DEATH	Known Estimoted [Month	Doy	Yeor	Hour	м
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)							3. DATE PRONOU	NCED DEAD	Month April	28, 197	Yeor		0 P M
OR	OR INSTITUTION .						A CTATE	aryland	ere deceosed	lived. If institutio B. COUNTY	n: residence	before odn	Sission)
	sex ale	7. RACE White		8. MARRI	ED NEVER	MARRIED DIVORCED	C. CITY OR Ba1	timore		D. INSIDE C			
	DATE OF BIRTH		10. AGE (In lost birthdoy			f Under 24 Hrs.	E. STREET A	ND NUMBER		1 4	ES L	NO L	
11.	BIRTHPLACE	tate or foreig			2. CITIZEN C		13. FATHER'	S NAME					
	USUAL OCCUI			4B. KIND	OF BUSINESS	OR INDUSTRY	15. MOTHER	'S MAIDEN N	IAME				
	WAS DECEASE s, no or unknown)					IAL JRITY NO.	18. INFORM	IANT		A	DDRESS	Į.	
VIION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart foilure, osthenio, etc., in means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED												
ERTIFI	DISEASE OR	CONDITION	RELATED TO GIVEN IN PA 1 20B. CON	RT 1 (A).		PERATION W	AS PERFORM	ED			21. AUT	TOPSY? (Ye	s or No)
MEDICAL	22A EXTERI UNDERLYING UTING CA 22D. TIME (OF INJURY (APPROX.) 23. I cert result ACTUAL SIGNATU	Month) (D	TRIB-) (Hour	22E.INJUR WHILE AT WORK	Y OCCURRED NOT	while 2 while hopsy ASSIS	ond that or micide CHIEF MEDICA	this basis Undeterm	, deoth In my	oct location	DATE SI	GNED
	NAME (T	ype) Cha	rles S	. Spr	ingate,	M.D. of CEMETERY		NATO	Voca (ARBAR	ri, office	YIU	LND
	MOVAL (Special		5-2-	72				NIVE	SITY	MEDIC	2 14	CHOC)Ţ
25	MAY 1	1972	Robert	25B. N	Boy M.	STRAR	25C.	ORTIL	RYS	FRVICE		CHD	Ace

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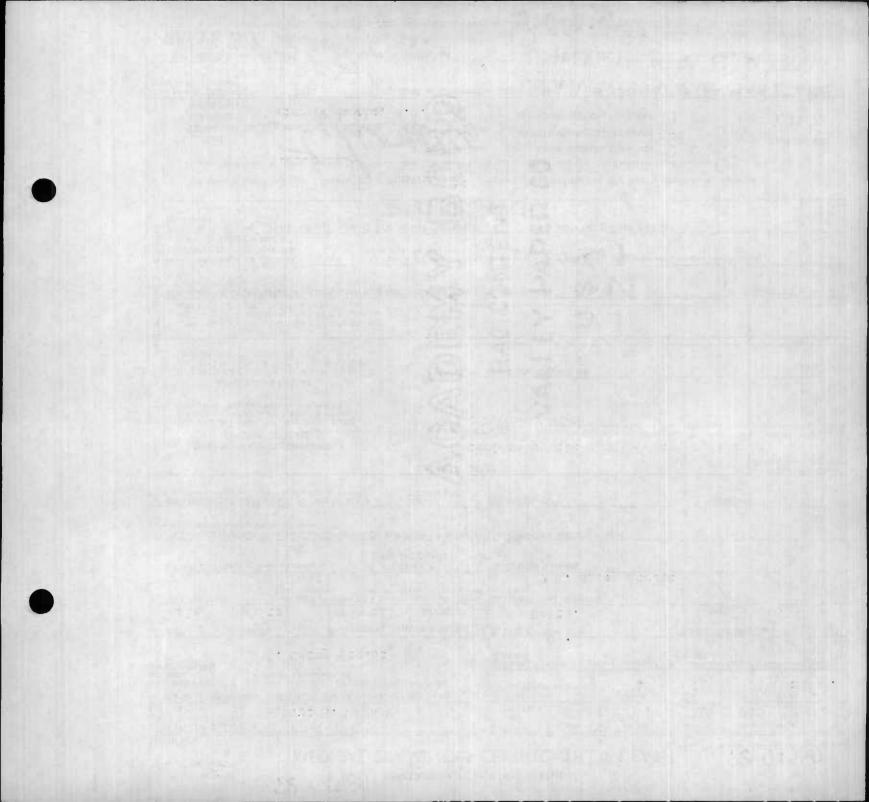
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	E-520	72	04588	BALTIMORE CIT	HEALTH DEPARTMENT		NO DAFER			
BU	RTH NO.) /~	03.700	CERTIFICA	TE OF DEATH	REG. NO	72 04588			
1,1	NAME OF DEC					AND HOUR OF DEATH				
(i y	pe or Print)	OHN A. C	ENNIS			4/27/12	6:09 P			
3,	PLACE IN BAL	TIMORE MARYLAND, W	HERE PRONO	UNCED DEAD	A. STATE B. COL	here deceased fived. If i	nstitution: residence before admission)			
FU	ILL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITI	UTION, GIVE STREET	MD	BALT.	1802			
H	OSPITAL OR STITUTION	ADDRESS OR LOCA	TIONI	on on or	C. CITY OR TOWN	D. INS	SIDE CITY LIMITS?			
1	0	5 500 00	11000	.= 01	BALT.		YES NO			
R	BON	SECOURS	HOIL	11 4 6	E. STREET AND NUMBER					
-	SEX	k-0055				EY ST.	M) 21223			
3.	M	6. RACE	7. MARRIED		8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yi. If Under 24 Hrs. Months Days Hours Min.			
10/	1. [00	WIDOWED		11/30/08	6.5cm				
dor	e garing-wost of a	vorking life, even if refired)	IOB, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or Id	oreign country)	12. CITIZEN OF WHAT COUNTRY?			
	(KET	CARI			PA.		USA			
13.	FATHER'S NAM				14. MOTHER'S MAIDEN N					
	JOHN	A. ENNI	S		MARY	HARRIGA	la)			
15.	Was Deceased	Ever in U. S. Armed Ferd (If yes, give war or dates	es?	1 6. SOCIAL	17. INFORMANT		ADDRESS			
	Aug of Auritorill	in yes, give war or gales	di service/	30-073677	-080N	CHART				
H	18. 44. 17	9		CAUSE OF DEAT		CRAIN	APPROXIMATE INTERVAL			
		DISEASE OR CONDITION DIRECTLY					BETWEEN ONSET AND DEATH			
		LEADING TO DEATH		CANAMEDIATE CAL	er Pordine	standstill				
	17his does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,									
	injury or com	plication which caused	death.)	0 =	1. 1.	1				
	A	INTECEDENT CAUSES		tlew	le myo condine	Mondin				
	DISEASES O	R CONDITIONS, if a	iny, giving	DUE TO, OR AS	A CONSEQUENCE OF:	V	******************			
	rise to the	above cause (A)	staling the	(c)						
		11								
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING									
¥.	TO THE DEATH	BUT NOT RELATED TO THE	E TERMINAL	***********						
FIC	19A. DATE OF	OPERATION 198 CONE	NOT NOTE	HICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
CERTIFICATION	0		OWNED			IN CERTIFYING CA	USES OF DEATH?			
	OR CONTRIBU	T WAS UNDERLYING THE	21 B	PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If In Baltimor	In Baltimore City, give exact location)			
EDICAL	DEATH (notify	medicol axominen	etc.)		The state of the s					
1EDI	OF INJURY	(Month) (Doy) (Year)		INJURY OCCURRED	The state of the s					
×	(APPROX.)		Whil	Not While						
	22. I certify	that (i) (this haspital)			4-27-72 (7.40	A10)72 to 4	- 27-72 10			
		last saw the deceased			. 0 m)	10				
					lew the bady after death		nion death accurred an the dote			
	23A. SIGNATUI		d dodve. (1)	(me) (ala) (ala not) v	iew the bady after deoth	•	DAY CANA			
	V	1-/1	tionar	After	nding Med.	Shelf (T)	23R DATE SIGNED 4 · Q7-72			
	23C. PHYSICIAN	A. AAAAAAAAA	WOULDIN	DEGREE PHY	. Director	Staff Phys.	4 41-16.			
	NAME (I)	pel	11011200		3D. ADDRESS	Reserved H	ospulal			
24.4			ITTYPE	DEGREE	ANATONV R	TARK OF H	LARVIAND			
24/	REMOVAL (S	AATION, 24B, DATE	24C. NA	ME of CEMETERY of CRE	MAJOR I UTTA I 248.	LOCATION (C)	ly, lown, or county) (State)			
		07%	1		UNIVERSITY	MEDICAL	SCHOOL			
25A	DATE REC'D	HEALTH DEPT.	25E NAME OF	F REGISTRAR	25C. FUNERAL DIRECTO	har crosse	T DY HT			
-	W151	Vales of the	Agrica?	May 1	MOKAUA	KY SEKVIC	E - DUMP			
V5"	150-REV. 1/1/6	8								



		MG C F	
ı	111-25%	72 04589	BALTIMORE CITY HEALTH DEPARTMENT
	W-256	MEDICAL E	XAMINER'S CERTIFICATE OF DEATH

U	1-20	9	MED	ICAL	. E)	KAMINER'S	CERTIFI	CATE OF	DEAT	Н	72 (1458!	9
BIRT	H NO.									KEG. NO.			
	AME OF DE						2. DATE	Known 🔼	Manth	Doy	Yeor	Hour	
(1100	or rinny	Wi:	lbert H	. Wa	gne:	r	OF DEATH	Estimated	4	12	72		M.
4. PI	ACE IN BA	LTIMORE, MA	ARYLAND, W	HERE P	RONC	OUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour	
HOS!	NAME OF PITAL ISTITUTION	(IF NO	T IN HOSPITA	LORINS	TITUTIO	ON, GIVE STREET		UNCED DEAD	4	12	72	18:05	M.
	01	9 S	. Carey	Str	eet		A. STATE	Md .	re deceased i	B. COUNTY	n: residence b	8 E	3
6. SE	X	7. RACE		8. MARE	RIED	NEVER MARRIED	C. CITY OF			D. INSIDE C	ITY LIMITS?		
1	male	White	2	WIDOV	_		В	alto.			Es 🗌	по 🗆	
9. D	ATE OF BIRT	Н	10. AGE (Ir	years	If Un	nder I Yr. II Under 24 Hrs. hs. Doys Hours Min.	E. STREET	AND NUMBER	C+ma		63 🗀	NO L	
11. B	RTHPLACE (State or foreig	n country)			TITIZEN OF WHAT COUNTRY?	13. FATHER	9 S. Care	y blre	EL			
14A.L	SUAL OCCU	JPATION (Giv	e kind of work en If relired)	14B. KIND	OF E	BUSINESS OR INDUSTRY	15. MOTHE	R'S MAIDEN NA	ME				
		ED EVER IN				17. SOCIAL SECURITY NO.	18. INFOR	TAN		A	DDRESS		
119	1 2 4 2	2 2 2				CAUSE OF DEA	711				1 40	A STANIVORD	JTE DWAL
	CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart foilure, osthenio, etc. it meens the disease, injury or complication which coused death.) CAUSE OF DEATH Arteriosclerotic cardiovascular disease (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:												
CERTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL							QUENCE OF:					
SERT!	DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA						S PERFORM	NED .				UTOPSY? (Yes or No)	
7	-1									no			
	22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB. UTING ☐ CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (if in Boltimore City, give exact location) home, form, foctory, street, office bldg., etc.) INJURY OCCUR? 22F. HOW DID INJURY OCCUR?												
(22D. TIME (Month) (Doy) (Year) (Hour) 22E. INJURY OCCURRED 22F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK 23.												
2.	resul ACTUAL SIGNAT	URE		M	Ac	Inspection XX Autoridation Suicident Suicident MeD.	e ☐ H	ond that on tomicide CHIEF MEDICAL STANT MEDICAL CIATE MEDICAL	Undetermi EXAMINER EXAMINER	ned manner [DATE SIGN	
	NAME (1 BURIAL CREA OVAL (Special	MATION, 2	4B. DATE		240	NAME of CEMETERY	or CREMA	NATUR	Tochibi	R City Down	. A	YLAR	10
		BY HEALTH	5-/-	258, N	AME	OF REGISTRAR	250	UNERAL DIVECT	PRY I	EDICA	DDRESS C	KOOL	
N	AY 15	1972	later 6	Agr.	(Pag	Ad.		MORTH	ADV	CED HIL	*E	RCHD	
12 13	1-REV. 1/1/6	0		3	1	41 12		The Car was	10000	WALL I TE	144	CE	



24C. NAME of CEMETERY or CREMA

25B. NAME OF REGISTRAR

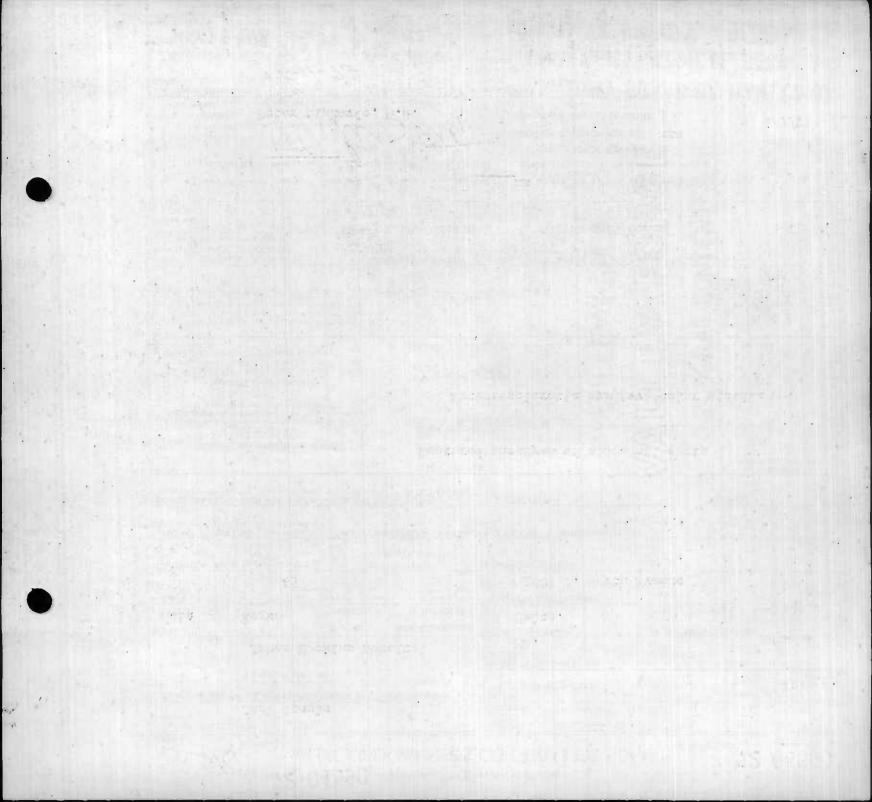
VS 1S1-REV. 1/1/6B

REMOVAL (Specify)

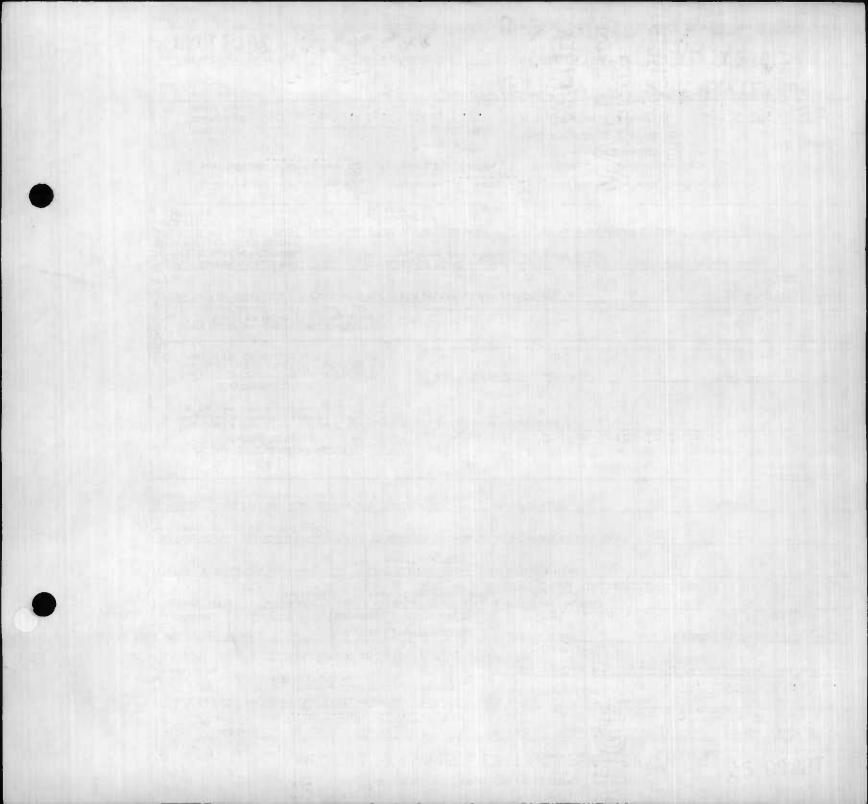
24A. BURIAL CREMATION.

25A. DATE REC'D BY HEALTH DEPT.

24B. DATE

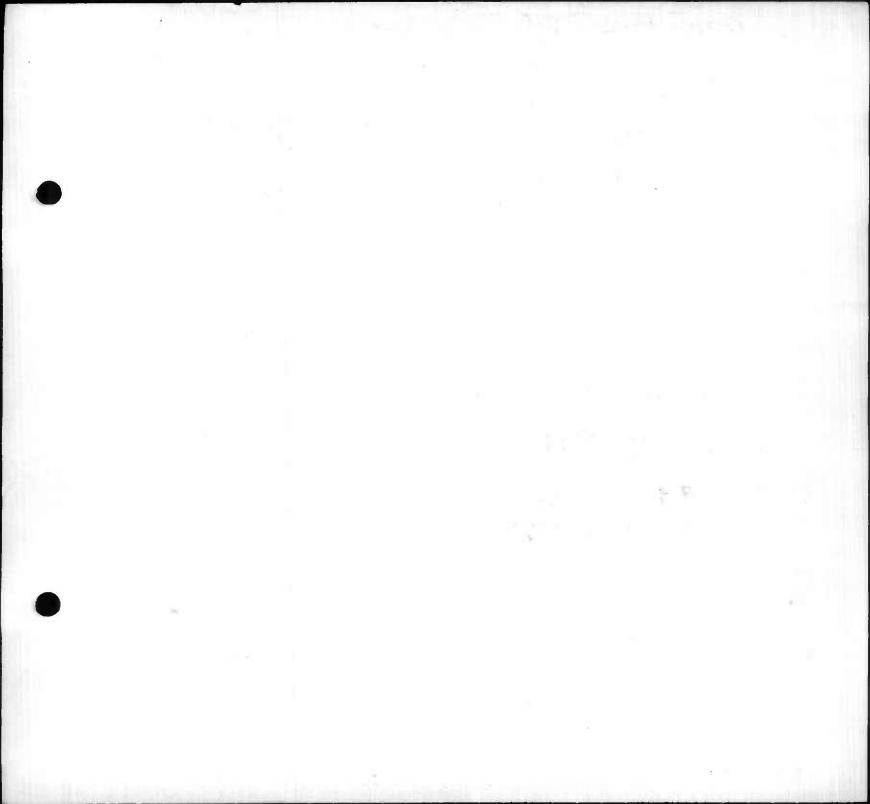


	N 2115	-		JED		BALTIMORE CITY HE					70 /	04504	-
/	TH NO. 72 -	00/08/0	MED	ICAL	. EX	AMINER'S	CERTIFI	CATE OF	DEATH	REG. NO.	121	04591	
-	AME OF DECEA						2. DATE	Known XX	Month	Dov	Yeor	Hour	=
	e or Print)		KATHE	RINE	MEI	DLIN	OF DEATH	Estimoted	April		72	41001	
4. 1	LACE IN BALTIA	AORE, MA	RYLAND, Y	VHERE P	RONOI	UNCED DEAD	3. DATE		Month	Doy	Yeor	Hour	<u>M.</u>
HO!	NAME OF	(IF NO	T IN HOSPITA	AL OR INS	OITUIN	N, GIVE STREET		UNCED DEAD	April	20, 19		18:00 A	м.
	-4	Si	inai H	ospit	al	(DOA)	A. STATE	Maryland		. COUNTY	1: residence	831	n <i>y</i>
6. 5	EX 7.	RACE		B. MARI	RIED	NEVER MARRIED	C. CITY OF			D. INSIDE CI	TY LIMITS?		
I	emale	Negr	0.0	WIDOV	WED [DIVORCED -		Baltimore		Y	ES 🗌	NO 🗆	
9. 🖸	ATE OF BIRTH		ID. AGE (I			ler 1 Yr. 11 Under 24 Hrs. s Doys s Hours Min.	E. STREET	and number 5405 Crist	mer Ave	nue			
11.	BIRTHPLACE (Stat	e or foreig	n country)			TIZEN OF	13. FATHER	'S NAME					
					W	HAT COUNTRY?							
	USUAL OCCUPA during most of wor			14B. KINI	OF BI	USINESS OR INDUSTRY	15. MOTHE	R'S MAIDEN NA	WE				
16. (Yes	WAS DECEASED	yes, give w	J.S. ARMEI	of service	57	SECURITY NO.	18. INFOR	MANT		A	DDRESS		
	19.	-V.				CAUSE OF DEA	TH					PPROXIMATE INTE	
	DISEASE	OP COND	MON DIRE	CTIV							DELA	VEEN ONSET AND	DEATH
		ADING TO		GIEI		(A)IMMEDIATE	CAUSE	Sudden dea	ath in	infancy	7		
	(This does not heart follure, as	meon the	mode of dy	ing, e.g.,			AS A CONSEC	UENCE OF:					
	Injury or campl	ication whic	h coused de	ath.)	-								
	ANT	ECEDENT	CAUSES			(B)							
	DISEASES OR	CONDITION OF CALL	ONS, IF ANY USE (A) STA	ING THE		(B)	AS A CONSE	QUENCE OF:					
Z	UNDERLYING	CONDITI	ON LAST.			(c)							
읨			II	0.170.01									
CERTIFICATION	OTHER SIGNIF	BUT NOT	RELATED TO	THE TERM	UNAL								
RTI	DISEASE OR CO					HICH OPERATION W	AS PERFORM	AED			21. AUTO	PSY? (Yes or t	No)
1 1	2											Yes	
EDICAL	UNDERLYING		TRIB_			ACE OF INJURY(e.g., farm, lactory, street, office			(If In Boltimore	City, give exc	act location)		
1	UTING CAUS		TH.	r) (Hou	c) [221	E.INJURY OCCURRED		2F. HOW DID IN	IIIBA OCCIN	72			
	OF INJURY (APPROX.)		0,7 (160	, (1100	WH	HILEAT NOT	WHILE ORK						
	23. I certify	that I h	eld on 1	nquiry [Inspection Au	topsy	ond that on th	nis basis, d	eath in my	opinion		
			oturol cou			eldent Sulcia		omicide 🔲	Undetermin	ed manner			
		0	1 00	7				CHIEF MEDICAL E	XAMINER [DATE CICNIE	
	ACTUAL SIGNATUR	, U	iarl.	٠ ار ر	go	rugale MD	ASS	STANT MEDICAL E	XAMINER [X		DATE SIGNE	U
	EXAMINER NAME (Typ	'S (harle	s S.	Spri	ngate, M.D.	ASS	OCIATE MEDICAL E	XAMINER [☐ Apr	ril 20	, 1972	
	. BURIAL CREMA AOVAL (Specify)	TION, 2	48. DATE 5-//-	- 72	24C	NAME of CEMETERY	or ANAT	TOMY BO	ARID"	ICIN ON	RYE	(Stote)	
25/	MANY 1 K	HEALTH I	DEPT.	258	NAME C	OF REGISTRAR	UNTY	UNESI PINECTO	MEDIC	AL S	ekst	L	
	mei T9	13/2	CHANGE	1	904		ال ال	LADTELL	D OF	15 to 150		OTTO	/
VS	151-REV. 1/1/68						U	IN WAL TO LEE	11A 23	EN VIII.	that I do	1 17 17	



FUNERAL DIRECTOR: IMPORTANT yy the chief medical examiner or his assistant if death

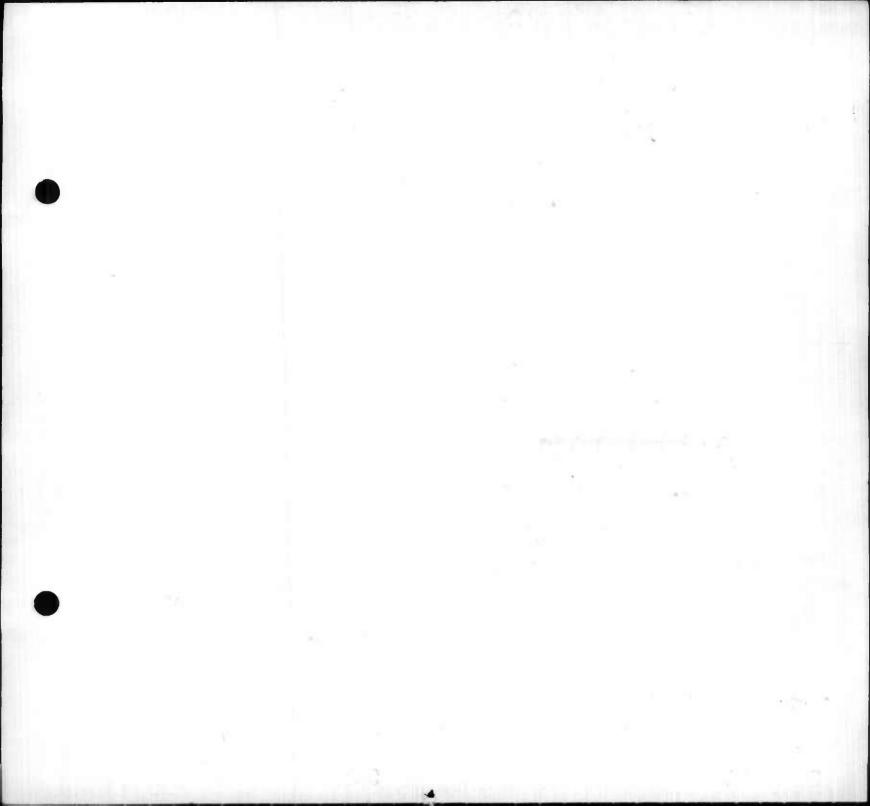
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH and Such death Deceased BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) LO hospital death. of 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD USUAL RESIDENCE (Where deceased lived, If institution; residence ance & COUNTY 3 cause FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) canse; attend 0 0 C. CITY-OR TOWN D. INSIDE CITY LIMITS? 6 YES NO prior contributing E. STREET AND NUMBER etermined is made. regular 5. SEX 6. RACE 9. AGE (In yours lost birthday) 7- MARRIED NEVER MARRIED deceased 8. DATE OF BIRTH If Under 1 Ye If Und Months! Doys Hours If Under 24 Hrs. WIDOWED DIVORCED 10 10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or lereign country) disposition 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Ond 0 Was the 13. FATHER'S NAME 14. MOTHER'S direct 3 eath LO kind; 15. Was Deceased Ever in U. S. Armed Forcas? (Yas, no or unknown!) (If yas, give wer or dates of service) 6. SOCIAL ADDRESS or final SECURITY NO. attendance O any pronounced CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 50, DISEASE OR CONDITION DIRECTLY embaimed of LEADING TO DEATH fracture (This does not meon the made of dying, e.g., DUE TO. OR AS A CONSEQUÊNCE hoort foilure, asthonio, etc. Il means the disease. regular xaminer. injury or camplication which caused dooth.) ANTECEDENT CAUSES who before the remains are DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the 3 physician UNDERLYING CONDITION last burns; medical physician was H CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). Body 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 0 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED to the hospital by 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 3 where 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, lociory, street, affice bidg., INJURY OCCUR? (II in Boltimore City, give exact location) MEDICAL S. DEATH (notily medical examined any nature; be obtained 21 D. TIME OF INJURY (Month) (Doy) (Year) (Hous) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 approved (except Not While While At (APPROX) and 22. I certify that (1) (this hospital) attended the deceased from 1972 death); that (I) (we) lest saw the deceased alive on of and that in (my (aur) apinion death accurred on the date hospita and haur and from the causes stated above. (1) (We) (did not) view the bady after death. certificate must be the body was released must An accident 23A. SIGNATURE 23B DATE SIGNED Attending 0 Med. approval Phys. Director 5 DEGREE 23C. PHYSICIAN'S NAME (Typel prior 23D. ADDRESS at 5 was D.O.A. 24A. BURIAL CREMATION, REMOVAL (Specify) DEGREE shows: (1) bespesed 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION Nown, or county! (Stote) Written EXAMINCES 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR VS 150-REV. 1/1/68



FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

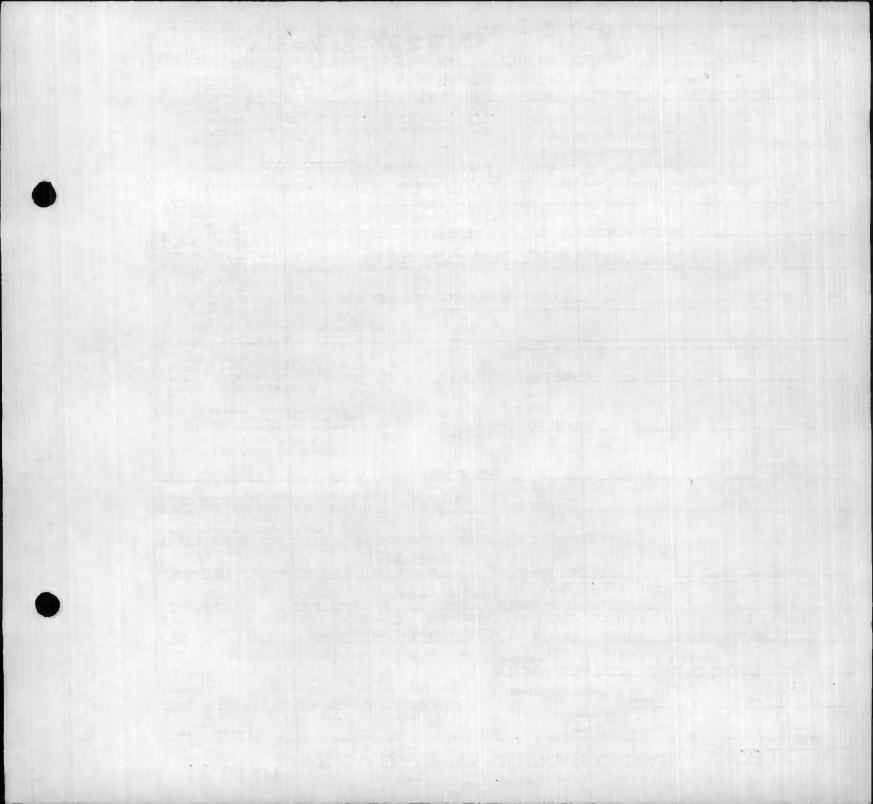
	(50) =0 0150	BATTIMORE CITY	HEALTH DEPARTMENT		70 04500						
	BIRTH NO. Lecnardtown Ma	CERTIFICA	TE OF DEATH	REG. NO	12 04093						
	1. NAME OF DECEASED (Type or Print) Bary (T)	onley	2. DATE	NO HOUR OF DEATH	1-7.15						
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	ONOUNCED DEAD	4. USUAL RESIDENCE (WHA. STATE B. COU	ners deceased lived, If ins	Mostitution: residence before admission)						
	FULL NAME OF HOSPITAL OR IN ADDRESS OR LOCATION	ISTITUTION, GIVE STREET	C, CITY OR TOWN.	STMAX	6800						
7	11		ST, INIGO	ES RT 1-	YES NO .						
	UNIV. HOS	P.	E. STREET AND NUMBER								
	5. SEX G. ACE 7. MARR		8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Il Under 1 Yr. Il Under 24 Hrs. Months Days Hours Min.						
2	10A. USUAL OCCUPATION (Give kind of work 10B, KINI done during most of working life, even if retired)		11. BIRTHPLACE (State at los	eign country)	12. CITIZEN OF WHAT COUNTRY?						
	13. FATHER'S NAME		7 100	tospileona	rd town, mp.						
	IN LAUTER 2 HAME		14. MOTHER'S MAIDEN NA	AME 3							
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of servi	1 6. SOCIAL ce) SECURITY NO.	17. INFORMANT	-	ADDRESS						
	18. 0 7.0 01	CAUSE OF DEATH	RT. 1 ST.	+nigoes	, Ma						
	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH	Card	iac arro	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
	LEADING TO DEATH This does not meen the mode of dying,	This does not meen the mode of dying, e.g., heart failure, asthenia, etc. It means the disease									
	injury or complication which caused death.) ANTECEDENT CAUSES To transact bleed										
	DISEASES OR CONDITIONS, if any, give	DISEASES OR CONDITIONS, if any, giving (8) DUE TO, OR AS A CONSEQUENCE OF:									
	underlying condition last	(C)	rematu	nty							
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN TO THE DEATH BUT NOT RELATED TO THE TERMIN	16									
	▼ IDISEASE OR CONDITION GIVEN IN PART 1 (A)	AL	20A. AUTOPSY? (Yes or N	-12	***************************************						
	WAS PERFORMED		Sec. 22.22	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?						
		218 PLACE OF INJURY (e.g., in home, form, foctory, street, affi etc.)	or obout 21 C. WHERE DID ce bldg., INJURY OCCUR?	(If In Boltimore	City, give exoct locotion)						
	21D-TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID IN	URY OCCUR?							
	(APPROX)	While At Not While At Work			1/1						
	22. I certify that (1) (this hospital) attende that (1) (we) last saw the deceased alive o			19 ZZ to	an death occurred on the date						
	and haur and from the causes stated obave	. (I) (We) (did) (did not) vi	ew the body after deoth.		on doon occurred on the gare						
	K. Juca	Atten Phys.	ding Med.	Staff SZ	23B. DATE SIGNED						
	23C.PHYSICIAN'S NAME (Type)	DEGREE	D. ADDRESS	Phys //	4//3//2						
	24A. BURIAL CREMATION, 24B. DATE 24C	NAME OF CEMETERY OF CREA	AATORY 124Da L	OCATION ICIN.	SP						
	Crenited 5-8-72 M	edical Ex. Off	ice 53	Alto. N	tower or county) (Stote)						
	MAY 1 5 1079 RAGE E RAM	E OF REGISTRAR	25C. FUNERAL DIRECTOR	1 11	ADDRESS						
IF	'S 150-REV. 1/1/68		1015	- INE							



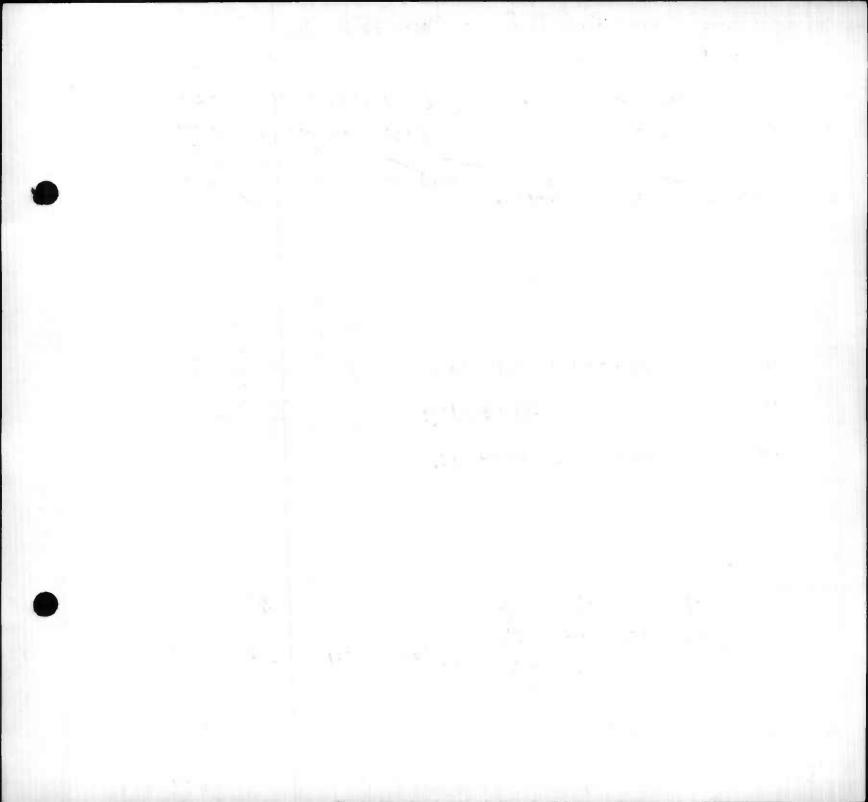
R-152

72 0	4594		BALTIMORE CITY HE							
	ME	DICAL E	EXAMINER'S	CERTIF	ICATE OF	DEATI	H REG NO	72	0459	4
BIRTH NO.							NEO. 110.			
1. NAME OF DEC		LINE F	ROBINSON	2. DATE OF	Known 🔯	Month May	Day	Year 1972	Hour	
4. PLACE IN BAL	TIMORE, MARYLAND	WHERE PROP	OUNCED DEAD	DEATH 3. DATE	Estimated CD	Month	Day	Year	Hour	М.
FULL NAME OF			TION, GIVE STREET	41	DUNCED DEAD	Month			4:50	A
HOSPITAL OR INSTITUTION	ADDRESS OR LO	CATION)	HOIN, OIVE STREET			May		1972		M.
OK INSTITUTION	Mercy Hos	nital	(DOA)	5. USUAL A. STATE	RESIDENCE (Where	deceased liv	ed. If Institution 3. COUNTY	: residence	before odmis	sion)
250	Herey Hos	Prear	(DOA)	7. 3.0.12	Maryland		. COUNTY	1.	20.	-
6. SEX	7. RACE	B. MARRIED	NEVER MARRIED	C. CITY O			D. INSIDE CI	TY LIMITS?	~ ~	2
Female	Negro	WIDOWED			Baltimore		VE	s 🕮	No 🗆	
9. DATE OF BIRTI	H IO.AGE	(In veors If I	Under I Yr. If Under 24 Hrs.	E. STREET	AND NUMBER		- 12	ب د	NOL	
7 /7 /	lost birth	26 Mo	nths Days Hours Min.		308 E. La	nazalo (Stroot	115		
1. BIRTHPLACE (S	tate or foreign country		CITIZEN OF	12 SATUE	R'S NAME	ilvale i	Jereer 7			
		′ ′	WHAT COUNTRY?	781.07						
Mar	yland		USA	Si	las Rob	inson				
ione during most of w	PATION (Give kind of wo	d)	BUSINESS OR INDUSTR	115. MOTH	ER'S MAIDEN NA	WE				
Unem	ployed			Ma	mie					
& WAS DECEAS	ED EVER IN U.S. ARN	ED FORCES?	17. SOCIAL	IS. INFOR			A	DDRESS		
i es, no or unknown)	fit has' dine mat ot do	es or service)	SECURITY NO.	Mine	Mamie "	ohine	n 28	つつばまり	lsdal	0 A
19.	2 (30)		CAUSE OF DEA		1.1GIIIT.E	ODTHE	011, 20.		PROXIMATE IN	
0/1	16 1		0.000.01.000						YEEN ONSET AL	
NDERLYIN OF	OR CONDITIONS, IF A BOVE CAUSE (A) S AG CONDITION LAST II IFICANT CONDITIONS ATH BUT NOT RELATED	•	(c)	AS A CONS	EQUENCE OF:					
DISEASE OR	CONDITION GIVEN IN	PART 1 (A)-								
20A. DATE OF	OPERATION 208. C	ONDITION FOR	WHICH OPERATION W	AS PERFOR	MED			21. AUTO	PSY? (Yes o	r No)
Ö									Yes	
UNDERLYING UTING CAI 22D. TIME	NAL CAUSE WAS OR CONTRIB- USE OF DEATH. Month) (Doy) (Y	hom	PLACE OF INJURY(e.g., e., farm, factory, street, office	e bidg., etc.)	22C. WHERE DID (INJURY OCCUR?				103	
OF INJURY (APPROX.)				WHILE						
23.		TR.	AI W	OKK []						
i certi	ify that I held an	Inquiry 🔲	InspectionAu	topsy X	and that on th	is basis, d	eath in my	poinion		
	ed from: Natural e						ed manner			
	00 1				CHIEF MEDICAL E			7		
ACTUAL	1 / 1 / 2		1. 7	466					DATE SIGN	IED
SIGNATU		200	lugare M.D		ISTANT MEDICAL E		7			
NAME (T	ype)	les S. S	pringate, M.D	. ASS	OCIATE MEDICAL E	XAMINER [→ May	7 11,	1972	
24A. BURIAL CREA		5/72 2	MT Auburn			Baltin	(City, town,	oe county)	(State	e)
25A. DATE REC'D		- 0	E OF REGISTRAR	25C,	FUNERAL DIRECTO	OR at an	d 720		av omth	A ==
	MAY 15 1977	1 Beal	E. Jaken RD	AU	olphus Ha	alstea	1206) W	orth	AV
/S 151-REV. 1/1/6B		1 7 1	tor-en	J	9 9 .					7

VS 151-REV. 1/1/6B



120	4030		BALTIMORE CITY	HEALTH DEPARTMENT		NO OFFICE
BIRTH NO.			CERTIFICA	TE OF DEATH	REG. NO.	72 04595
1. NAME OF DE	NARY 72	3ROW	N	2. DATE AN	MA SEATH	11:15 Am
3. PLACE IN BA	ALTIMORE, MARYLAND, W	HERE PRONOL	JNCED DEAD	4. USUAL RESIDENCE (When	a daceased lived. Il institu	tion: residence belove admission)
FULL NAME OF	F (IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITU	JTION, GIVE STREET	MD,		(ITY LIMITS?
1 14 1/1/	MARDIT	721 -	BALTO.	BALTO.		ES - NO -
ONIV	Hosrii	116-	DITHIO.	900 ARG	YLE AVE	
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years II	Under 1 Yr. If Under 24 Hrs.
10A, USUAL O CO	CUPATION (Give kind of work	WIDOWED		11. BIRTHPLACE (State of late)	16	2. CITIZEN OF WHAT COUNTRY?
done during most of	if working life, even it retired)				???	U S A
13. FATHER'S NA	AME			14. MOTHER'S MAIDEN NAM		
			????			???
15. Was Decease (Yas, na ar unknaw	ed Ever in U. S. Armed Far (n) (If yes, give war ar date	ces? s af service)	SECURITY NO.	Chart		ADDRESS
(This does	ASE OR CONDITION DIE LEADING TO DEATH nal mean the mode of the office of the constant office of the constant ANTECEDENT CAUSES	dying, e.g., the disease, death.)	DUE TO, OR AS	BRAL HEMOR SE A CONSEQUENCE OF: BNB10-N	PRHAGE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DAYS YRS
rise la l	OR CONDITIONS, if he obove couse (A) IG CONDITION last.	any, giving stating the		A CONSEQUENCE OF:	ETUS	YRS
O OTHER SIGNI	II IFICANT CONDITIONS COINTH BUT NOT RELATED TO THE CONDITION GIVEN IN PAR	I A TAILLIGHT BE	***************************************			***************************************
OTHER SIGNI TO THE DEA DISEASE OR 19A. DATE O	F OPERATION 198 CON	DITION FOR W	HICH OPERATION	20A-AUTOPSY? (Yos or No.	208. IF YES, WERE FINE IN CERTIFYING CAUSE	DINGS CONSIDERED S OF DEATH?
OR CONTRIB	ENT WAS UNDERLYING LIUTING CAUSE OF by medical examined	21B. hame	PLACE OF INJURY (e.g., in e, form, factory, street, olt	ar about ETC. WHERE DID	(Il In Baltimare Ci	ty, give exact location)
21D. TIME OF INJURY (APPROX.)	(Manth) (Day) (Year)		INJURY OCCURRED Part Not While At Work	21F. HOW DID INJU	JRY OCCUR?	
22. I certif	y that HY (this hospital) attended th		24 APR 1	9 72 10 10	MAV 1972
) lost saw the decease		10 MAY	19 72 ond the		deoth occurred on the date
		ed above, (I)	(We) (did) (did not) v	lew the body after death.		
CIT.	Ken M. Na.	gner	m) Affer	nding Med.	Shaff Phys.	10MAY77
23C. PHYSICI NAME (ART)) AGNE	GLOREL	UNIV. A	tosPITAL.	
24A BURIAL CR REMOVAL Buria	EMATION, 24B. DATE (Specify) 5/15/7		ME of CEMETERY of CRE			own, or county) (State)
	D BY HEALTH DEPT.	25B. NAME O	w Catherdra	25C. FUNERAL DIRECTOR	Baltimore,	ADDRESS
	MAY 15 1972	Robert &		., Adolphus	Halstead 1:	
VS 150-REV. 1/1	/68					



FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

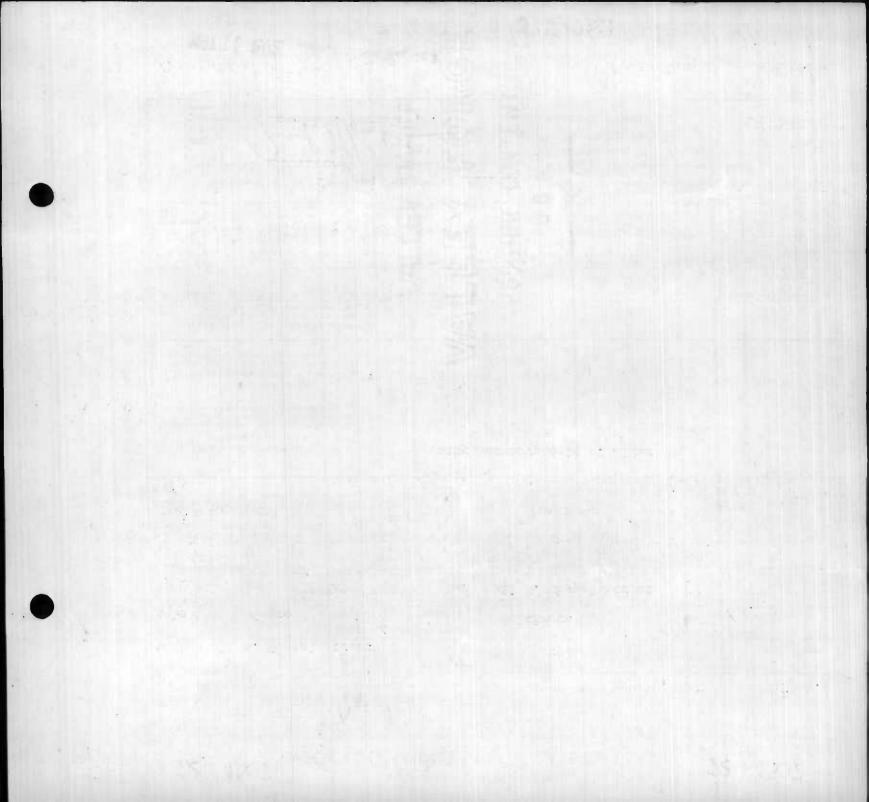
79 045	BALTIMORE CITY	HEALTH DEPARTMENT		20 01200
72 045	CERTIFICA	TE OF DEATH	REG. NO.	72 04596
I. NAME OF DECEASED			D HOUR OF DEATH	
(Type or Print) DAWIKIANS JAM	1111=	6/12/1	11) 11/11	Au
3. PLACE IN BALTIMORE, MARYLAND, WHERE P	RONOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If inst	itution: residence before admission)
		A. STATE B. COUN	TY	
FULL NAME OF (IF NOT IN HOSPITAL OR I HOSPITAL OR ADDRESS OR LOCATIONI	NSTITUTION, GIVE STREET	C. CITY OR TOWN		1304
INSTITUTION	The state of the s	BULLIAFE		E CITY LIMITS?
3		E. STREET, AND, NUMBER		YES W NO
PROVIDENT HOSPITI	AL INC.	1927 RIDGEI	hill AVE.	
S. SEX 6. RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
	WED DIVORCED		82	
10A, USUAL OCCUPATION (Give kind of work 10B, KINdone during most of working tife, even if retired)	ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	141 0	12. CITIZEN OF WHAT COUNTRY?
UNKNOWN UK	(now)	ILLIY DAY TA	TY, S. CAROLINA	MILLED States
13. FATHER'S NAME	De la la	14. MOTHER'S MAIDEN NAM	AE	Danifeli Simi
HUKANULA KAY ROT	BINSOH	HILDRUHA	1 DORA	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor as dotes af ser	16. SOCIAL	17. INFORMANT	, , , , , , , , , , , , , , , , , , , ,	ADDRESS
WULLIAM	SECURITY NO.	MARCE CAMPA	N 1927 RIDO	The There
118, 16 9 9 11	CAUSE OF DEATI		11/12/ NIVE	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY			2 =	BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying,	(A) IMMEDIATE CAU		, CHF	
heart failure, asthenia, etc. It means the dis	ease, DUE TO, OR AS	A CONSEQUENCE OF:		
Injury or camplication which caused death.)	4.0	2 1 . 0		
ANTECEDENT CAUSES	(B)	enal Faile	ue	The state of the s
DISEASES OR CONDITIONS, if any, g	iving DUE TO, OR AS	A CONSEQUENCE OF:	***********************	**************************************
rise to the above cause (A) stating UNDERLYING CONDITION last.	(C)			
11	(0)			***************************************
O OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING			
DISEASE OF CONDITION CIVEN IN BARY TO	NAL		~~~~	
19A DATE OF OPERATION 19E CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPST! (Yes or No)	208. IF YES, WERE FIN	IDINGS CONSIDERED
			IN CERNIFTING CAUS	ES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or about 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If In Baltimore (City, give exact location)
OF INJURY (Month) (Doy) (Yearl (Houd	21 E INJURY OCCURRED	21 F. HOW DID INJU	IRY OCCUR?	
₹ (APPROXI	While At Work At Work	יח ו		
22 1				
22. I certify that (I) (this hospital) attend				19
that (I) (we) last saw the deceased alive	on	19and tha	t in (my) (aur) apinio	on deoth accurred on the date
and have and from the causes stated abar	ve. (i) (We) (did) (did nat) vi	lew the body after death.		
23A. SIGNATURE			2	38. DATE SIGNED
Rusulalat	buyen DEGREE Phys	ding Med.	Stoff Phys.	I/13/72
23C.PHYSICIAN'S NAME (Type)		3D. ADDRESS		
M. A. MALABRI	60, H.D.	PROVIDEN	T HOSPI	TAL
24A. BURIAL CREMATION, 24B. DATE 24	IC. NAME of CEMETERY OF CRE			town, or county) (State)
REMOVAL (Specify) Removal (Specify)	MH. Colvery Con	10.4	n Arundel	7 h1 -1
25A. DATE REC'D BY HEALTH DEPT. 25B. NA		1 211	TI IN MILITICAL	
				217.7.00
	ME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
MAY 15 1072 Palis E. 4		25C. FUNERAL DIRECTOR		ADDRESS Horth Hae

The state of the s

H-452

72 11/1097	CERTIFICATE OF DEATH 72 04597
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.
RTH NO.	
NAME OF DECEASED	2. DATE Known Month Doy Year Hour
RUSS HOLMES (Nush)	DEATH Estimoted
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
ILL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD May 10, 1972 8:35 A.
DSPITAL ADDRESS OR LOCATION) R INSTITUTION	
CHASHIOHON	5. USUAL RESIDENCE (Where deceased lived, If Institution: residence before admission A. STATE Manual and B. COUNTY
921 N. Chapel Street	A. STATE Maryland B. COUNTY 704
SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
MAKKIED W INEVER MAKKIED L	D-144mana
Male Negro WIDOWED DIVORCED	YES NO L
DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hr	
9 9 I G lost birthdoy) Months Doys Hours Mil	921 N. Chapel Street
BIRTHPLACE(State or foreign country) 12, CITIZEN OF	13. FATHER'S NAME
BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY	13. FATHER'S NAME
J. Carolina, U.J. H.	Percy Holmes
A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUST	RY 15. MOTHER'S MAIDEN NAME
ne during most of working life, even it retired)	+ . V 11-
Laborer	Janie Neller
WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL SECURITY NO.	IB. INFORMANT ADDRESS
NA 1 247 74 7717	Beth Campbell- 421 N. Chabal
19. CAUSE OF DE	ATH APPROXIMATE NIER
0 //181	BETWEEN ONSET AND
DISEASE OR CONDITION DIRECTLY Fatty	Metamorphosis of Liver
LEADING TO DEATH	CALIER
(This does not mean the mode of dying, e.g., DUETO, O	R AS A CONSEQUENCE OF:
heort foilure, osthenio, etc. It meons the diseose, injury or complication which coused death.)	A A CONSEQUENCE OF.
ANTECEDENT CAUSES (B)	D. A.C. A. COALSTOLIES OF
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	R AS A CONSEQUENCE OF:
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	R AS A CONSEQUENCE OF:
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IMPORTANT FUNERAL DIRECTOR:

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased Such was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the the deceased prior to death. deceased prior to death); and (6) No physician was in regular attendance on written approval must be obtained before the remains are embalmed or find A.

BIRTH NO. 1. NAME OF DECEASED (Type or Print) Standack, Archie 2. Date and hour of Death (Type or Print) Standack, Archie 5-11-72 (6:00 pim.) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. II institution: residence below admissing the standard of the
T. NAME OF DECEASED (Type or Print) Standack, Archie 3. PLACE IN BALTIMORE, MARTLAND, WHERE PRONOUNCED DEAD FULL NAME OF DECEASED (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) PROVIDENT HOSPITAL OR INSTITUTION, GIVE STREET (C. CHYOR TOWN D. INSIDE CITY LIMITS? PROVIDENT HOSPITAL (E. STREET AND NUMBER S. SEK 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years. III Under 1 Vr. If Under 24 Pooling birthday) Months; Doys Hours; Min.
3. PLACE IN BALTIMORE, MARTLAND, WHERE PRONOUNCED DEAD 3. PLACE IN BALTIMORE, MARTLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. II institution: residence below admissing the state of the
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liost birindoy) / // Months: Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNT
done during most of working tife, even if retired)
Construction Work Roofing Baltimore, Maryland United States 13. FATHER'S NAME United States
I'M MOTHER'S MAIDER NAME
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) Of yes, give war or dotes of service) 16. SOCIAL 17. INFORMANT ADDRESS ADDRESS
218-09-0401 Mrs. Florence Stanback wife same
18. CAUSE OF DEATH APPROXIMATE INTERVA
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LEADING TO DEATH (A) IMMEDIATE CAUSE Shock Vost Operative.
(This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease,
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injury or complication which caused death.)
injury or complication which caused death.) ANTECEDENT CAUSES (a) Ca. Stomach & Liver Secondaries.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, If any, giving (8) Ca. Stomath & diver Secondarie DUE TO, OR AS A CONSEQUENCE OF:
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Injury or complication which caused death.] ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. (c)
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	72 (4599		HEALTH DEPARTMENT OF DEAT		72 04599		
1,1	NAME OF DECEASED	1.		TE AND HOUR OF DEATH	0, 35		
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED	_	14. USUAL RESIDENCE (Where decessed lived, if institutions residence before admirition				
HC	OSPITAL OR ADDRESS OF LOCATION	GIVE STREET	Maryland C. CITY OR TOWN	COUNTY	E CITY LIMITS?		
5	ta	/ LOUY .	E. STREET AND NUME	BER	YES NO		
5. S	SEX 6. RACE O 7. MARRIED NEV	ER MARRIED	B. DATE OF BIRTH		If Under 1 Ye If Under 24 Hrs. Months Doys Hours Min.		
104	WIDOWED WIDOWED WIND OF BUSINE	DIVORCED STRY	5-17-23	1 48			
don	Sinia Hospi			North Carolina	U. S. A.		
13.	FATHER'S NAME		14. MOTHER'S MAIDEN	NAME			
26 1	Roger McNeill	Ш	Mildred Mc	:Neill			
(Yes	Was Deceased Ever in U. S. Armed Forces? Line or unknown! (II yes, give war at dates of service) 16. SOC	URITY NO.	17. INFORMANT		ADDRESS		
_		-42-5284 AUSE OF DEATH	Mrs. John	Jackson 3909 W	Rogers Avenue		
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, it any, giving rise to the above cause (A) staling the UNDERLYING CONDITION last.	B) JUE TO, OR AS	porflure ACONSEQUENCE OF:	on			
F	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B- CONDITION FOR WHICH C				***************************************		
ERTIFI	WAS PERFORMED		20A. AUTOPSY? (Yes	IN CERTIFYING CAUS	ODINGS CONSIDERED SES OF DEATH?		
4	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (home, form, elc.)	OF INJURY (e.g., in factory, street, offi	or about 21 C. WHERE Dice bidg., INJURY OCCU	ID (II In Boltimore)	City, give exact location)		
W	21D-TIME (Month) (Day) (Year) (Houd) 21E INJURY (APPROX.) While At Work	Not While At Wark		INJURY OCCUR?			
	22. I certify that (1) (this hospital) attended the deceased from 5-10 1972 to 5-11 1972 that (1) (we) last sow the deceased alive on 5-1/ 1972 and that in(my) (our) opinion decth occurred on the date and from the causes stated above. (1) (We) (did) (did not) view the bady after death.						
	23C. PHYSICIANS NAME (1902) OS hua Franke	Atten Occurre Phys. 22	ding Med. Director D	Shoff X 2	Sold Signed Sold.		
24A.	BURIAL CREMATION, 248. DATE 24C. NAME of C	DEGREE EMETERY OF CREA		A	town, de county) (State)		
25A.	MAY 15 W/2 Uchen Francisco	ion Bapt	25C. FUNERAL DIREC		Carolina ADDRESS		

J

n n 101

BALTIMORE CITY HEALTH DEPARTMENT 72 04600 CERTIFICATE OF DEATH Such BIRTH NO. Decease 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) UO MARTIN ACHE hospital 5-11-72 death. of 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD attendance MARYLAND COUSE FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) cause; 0 C. CITY OR TOWN 0 JOHNS HOPKINS HOSPITAL SPARROWS POINT prior contributing STREET AND NUMBER Pe 0 is made. ST. in regular Undetermine occurr 5. SEX 6. RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED 9. AGE (In years deceased FEMALE NEGRO last birthdoy 6-10-03 68 WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) disposition done during most of working life, even if retired) 10 Prince George Co, Va. Was the 13. FATHER'S NAME direct 14. MOTHER'S MAIDEN NAME 4 GEORGE RYLES ANNIE Parham eath 00 kind; 15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) (If yes, give wor or dates of service) 17. INFORMANT 6. SOCIAL final the SECURITY NO. attendance ō 213-09-1267B Mr. Floyd F. Martin any pronounced CAUSE OF DEATH 10 Also, DISEASE OR CONDITION DIRECTLY of embalmed LEADING TO DEATH (A) IMMEDIATE CAUSE METASTATIC fracture (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It means the disease, examiner. regular injury ar complication which caused death.) ARCINOMA J RECTUM ANTECEDENT CAUSES who 4 are DISEASES OR CONDITIONS, if any, giving 3 rise to the above cause (A) stating the 2 physician remains UNDERLYING CONDITION lost a medical MOS burns; 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). any nature; (2) Body the 19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED the NO fore Rectum by Carcinoma 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF where 218. PLACE OF INJURY fe.g., in or about 21 C. WHERE DID home, farm, factory, street, office bidg., INJURY OCCUR? to the hospital °N MEDICAL be DEATH (notify medical examined brained 21 D. TIME OF INJURY (Hour) fMonth) (Doy) (Yearl 21E INJURY OCCURRED 9 21F. HOW DID INJURY OCCUR? approved (except Not White While At (APPROX.) pup 22. I certify that (1) (this haspital) attended the deceased from. 5-10-19 7/ ta 0 eq Nost saw the deceased alive on of hospital eath) he body was released and hour and from the causes stated above. (1) (We) (did) did not) view the body after death. must An accident 23A. SIGNATURE certificate must Ö Attending 40 Med. Director approval Phys. at a prior 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS KENNETH THE JOHNS HOPKINS KRACKOW D.O.A. shows: (1) 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATORY pespese 24D. LOCATION 5-16-72 Carver Memorial Park Was 25A. DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR 25C. FUNERAL DIRECTOR

72 04600 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
B. COUNTY BALTO. CO. D. INSIDE CITY LIMITS? YES NO X If Under 24 Hrs. Hours i Min. If Under 1 Ya Hours 12. CITIZEN OF WHAT COUNTRY? U. S. A. ADDRESS 811 | Street APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1968 or earleer 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) -11ond that in (my) (our) opinion death occurred on the date 23B, DATE SIGNED HOSPITAL (City, town, or county) (State) Laurel. Maryland Morton & Dyest F. H. 1701 Laurens St. VS 150-REV. 1/1/68

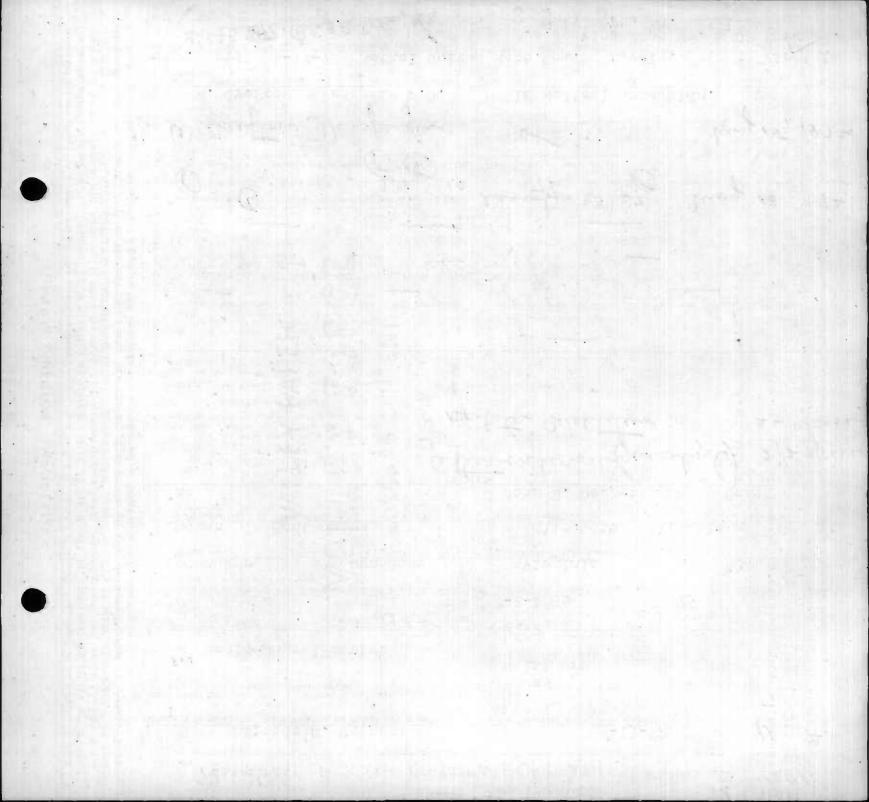
A CONTRACT OF THE STATE OF THE A Design Services Ante post for the first for th

BALTIMORE CITY HEALTH DEPARTMENT 72 (4601 REG. NO. CERTIFICATE OF DEATH Such Deceased of death BIRTH NO 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) LO Violet G. Doggett death. 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD ance A. STATE B. COUNTY (5) Md. cause FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? attend 10 YES X NO Baltimore prior E. STREET AND NUMBER contributing Gould Convalesarium T 1505 Eastway is made regular (4) Undetermine S. SEX 6. RACE B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. 7. MARRIED NEVER MARRIED deceased Months Doys lost birthdov Hours WIDOWED DIVORCED 8-2-1896 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired) USA Virginia Homemaker Own Home Was 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME the Clavelle Elizabeth Thomas Montgomery death LO 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT ADDRESS 1 6. SOCIAL or final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. ance John B. Doggett Same no any CAUSE OF DEATH APPROXIMATE INTERVAL pronounced 30 BETWEEN ONSET AND DEATH attend DISEASE OR CONDITION DIRECTLY med LEADING TO DEATH (This daes not meon the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF embal heart failure, asthenia, etc. 11 means the disease, regular injury ar camplication which caused death.) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF: are DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) slating the UNDERLYING CONDITION last. physician remains Was ATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) CERTIFIC 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED before 21 B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID 21A. ACCIDENT WAS UNDERLYING (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF home, form, factory, street, office bldg., INJURY OCCUR? MEDICAL ŝ DEATH (notify medical examiner) obtained (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY Not While (except (APPROX.) At Work and any w 23 1969 22. I certify that (1) (this hospital) ottended the deceased fram..... ... to and that in my (aur) apinian dath accurred an the date 1972 that (1) (we) last saw the deceased olive an... 10 pe of leath) hospital and hour and from the causes stated abave. (17) (Well did) (did nat) view the bady after deoth. must 23A. SIGNATURE 23B. DATE SIGNED Attending [Med. Staff Director approval 0 23C. PHYSICIAN'S 23D. ADDRESS prior at NAME (Type) Grafton Hersperger M.D. 214 Medical Arts DEGREE 24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY OF CREMATORY 24D, LOCATION eceased 0.0 he body REMOVAL (Specify) Bethel United Meth.Cem. 5-17-72 Lively. Rem.Burial Virginia Was 25A. DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR York Rd. 25C. FUNERAL DIRECTOR

Robert E. Jak

VS 150-REV. 1/1/6B

H.W. Jenkins Sons Baltimore, Md



VS 151-REV. 1/1/68

		- 1
RAITIMORE	CITY HEALTH	I DEPARTMENT

72 04602

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH

72 (4)	602	MEDICAL	EXAMINER'S			DEA.	TH me No	72 0	4602
BIRTH NO. I. NAME OF DECI	EASED		HETSTONE	2. DATE OF	Known 🗓	Month May	Doy 10, 19	Yeor	Hour
4. PLACE IN BALT FULL NAME OF HOSPITAL			ONOUNCED DEAD	3. DATE PRONOL	INCED DEAD	Month May	Doy 10, 197	Yeor	Hour 6:40 P.
OR INSTITUTION	2121 St.	Paul Str	eet	A. STATE	SIDENCE (Where Marylar		B. COUNTY		Defore odmission
Female	7. RACE White	8. MARR WIDOW	IED NEVER MARRIED TO DIVORCED	C. CITY OR	Baltimo	re	D. INSIDE CI		№ □
9. DATE OF BIRTH 4/16/194	9 lost	AGE (In years birthday) 23	If Under 1 Yr. If Under 24 Hrs. Months: Days: Hours: Min.			. Pau	1 Street		
Youngst	2411 -111 -12		WHAT COUNTRY? U.S.A. OF BUSINESS OR INDUSTRY	Ea:		one			
one during most of wi	orking lite, even fit	elired)			therine		la	DDRESS	
(4) WAS DECEASE (Yes, no or unknown) NO	(il yes, give wor of	dotes of service	SECURITY NO.	Shri	ver-Alki	son	Youngs	town,	Ohio
AN DISEASES O RISE TO THE UNDERLYIN OTHER SIGNI	of mean the mod osthenia, sic. If m plicotlon which could be considered by the constant of the	eons the disease, used death.) SES , IF ANY, GIVING (A) STATING THE LAST. ONS CONTRIBUTIONS	(B)	AS A CONSEQ					
DISEASE OR	TH BUT NOT RELA CONDITION GIVE OPERATION 20	N IN PART 1 (A)		AS PERFORM	ED			21. AUTO	PSY? (Yes or No
_1	IAL CAUSE WAS		000 01 4 65 05 10411101/		20 1401525 010	fit a m to			Yes
UNDERLYING UTING CAL 22D. TIME OF INJURY (APPROX.)	NAL CAUSE WAS OR CONTRIB. USE OF DEATH. Month) (Doy)	(Year) (Hou		WHILE2	2C. WHERE DID NJURY OCCUR? 2F. HOW DID IN			oct location)	
	R'S Cha	ls f	Inspection Au Accident Suicident Springate, M.D.	le Ho	and that on to micide	Undetem EXAMINER EXAMINER	1		DATE SIGNED
24A. BURIAL CREM REMOVAL (Specif Rom. Buri	MATION, 248. 1 v) 2/	12/72	Lake Park		Ma		ng Cty,	Your	Uni
MAY 15	BY HEALTH DEPT	258. N	AME OF REGISTRAR		UNERAL DIRECT			DDRESS	5 York

7-6-1972 - Completion of cause of death on a pending medical examiner death certificate.

Charles S. Springate, M.D.

HRS

or contributing occurred death or his assistant if fracture of any the chief medical examiner burns; medical (2) Body

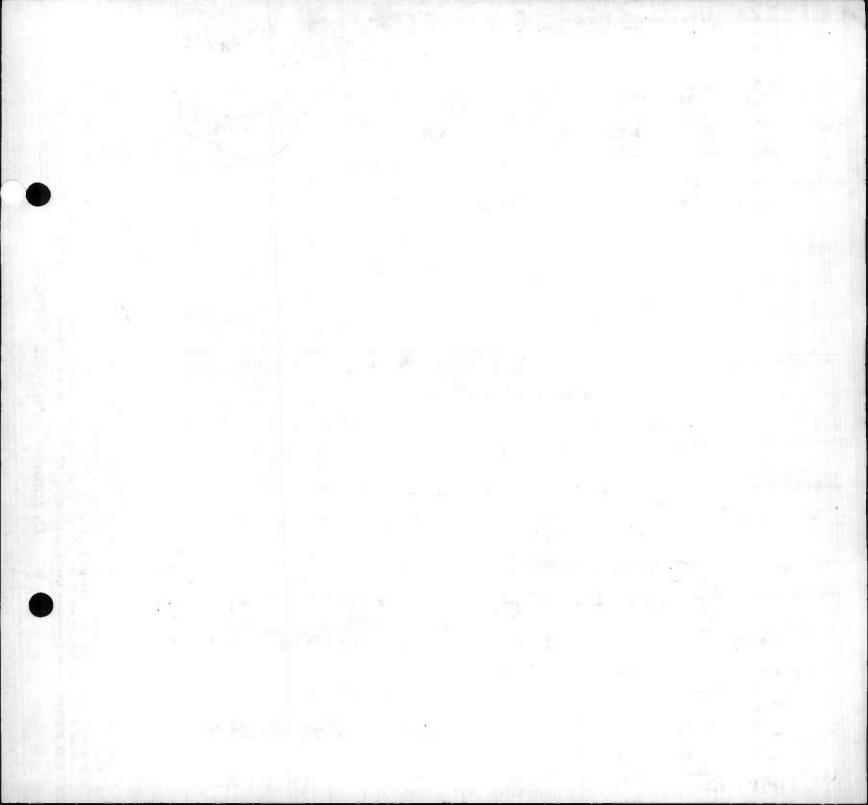
and

hospital

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72 (4603 CERTIFICATE OF DEATH Such rect or contributing cause of death (4) Undetermined cause; (5) Deceased BIRTH NO. I NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) LO 3. PLACE IN BALTIMORE, MARTAND, WHERE PRONOUNCED death. 4. USUAL RESIDENCE (Where deceased lived. If institutions residence before admission)
A. STATE
B. COUNTY in regular attendance C. CITY OR TOWN FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) D. INSIDE CITY LIMITS 0 YES X NO prior E. STREET AND NUMBER KWD > UPLIT or final disposition is mad 9. AGE Un years If Under 1 Yr. If Under 24 His. 5. SEX & DATE OF BIRTH deceased · MARRIED NEVER MARRIED 5 WIDOWED DIVORCED 10A, USUAL OCCUPATION (Give kind of workhole, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired) MOTHER'S MAIDEN NAME 610 Own Home Homemaker Was the 13. FATHER'S NAME Julia Nourse Howard Wagner death EO 15. Wes Decessed Ever in U. S. Armed Forces? (Yes, no or unknown) lift yes, give war or dates of service) Cloverhill & SOCIAL 7. INFORMANT 3913 Rd. SECURITY NO. (6) No physician was in regular attendance Coughlan III 213-03-0929-B Robert E. no CAUSE OF DEATH APPROXIMATE INTERVAL who pronounced BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH 3VIZCA (This does not mean the mode of dylng, e.g., heart failure, asthenia, etc. It means the disease, injury at campilcation which caused death.) DUE TO, OR AS A CONSEQUENCE OF: ANTECEDENT CAUSES be obtained before the remains are OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, If any, giving rise to the above cause (A) stating the physician UNDERLYING CONDITION lost. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20A. AUTOPSY? (Yes of No.) the 218, PLACE OF INJURY (e.g., in or obout 21C, WHERE DID home, farm, factory, street, office bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If In Baltimore City, give exact location) (except where the body was released to the hospital MEDICAL DEATH (natify medical examined An accident of any nature; 21 D. TIME 215. HOW DID INJURY OCCUR? (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED Not While While At (APPROX) At Work Work death); and 22. I certify that (I) (this hospital) attended the deceased from... that (i) (we) lost saw the deceased alive on. 19 and that in (my) (our) opinion death accurred on the date hospital and bour and from the causes stated above. (i) (We) (did) (did nat) view the bady after death. must 23A. SIGNATURE 23 & DATE SIGNED Attending | Med. Shaff - Phys. Director ... 0 50 Phys. approval MICH 8 23C. PHYSICIANS 23D. ADDRESS prior to NAME (Typel 24A. BURIAL CREMATION, REMOVAL (Specify) was D.O.A. DEGREE 24C. NAME OF CEMETERY OF CREMATORY pespese 248, DATE 24D. LOCATION decease DUTIAL 5-13-72 Druid Ridge Cemetery | Pikesvill Maryland 258 NAME OF REGISTRAR H.W.Jenkins 4905 York Rd. Sons Co VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

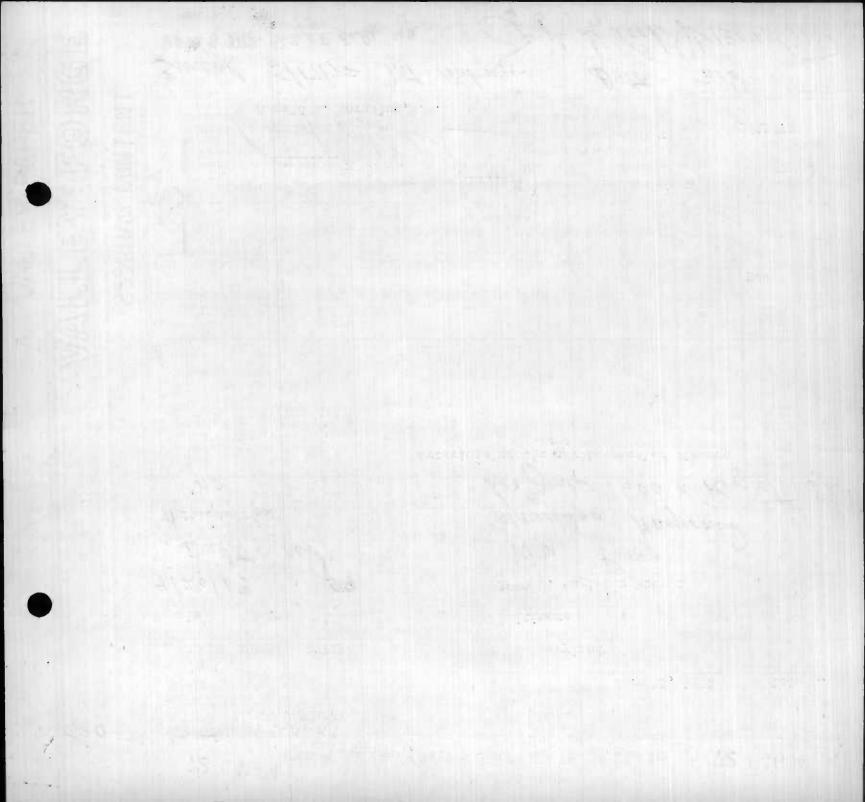


VS 151-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.	WEL	DICAL E.	XAMINER'S C	EK I IFI	CATE OF	DEATH	REG. NO.	Z U	4004	
. NAME OF DEC	ALMIRA JON			2. DATE OF DEATH	Known Estimoted	Month	Doy	Year	Hour	М.
PLACE IN BAL	TIMORE, MARYLAND, V	WHERE PRON	DUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour	
FULL NAME OF HOSPITAL DR INSTITUTION	(IF NOT IN HOSPITADD RESS OR LOCA	AL OR INSTITUTI VIION)	ON, GIVE STREET		UNCED DEAD ESIDENCE (When		3, 1972 ed. If institution:	residence b	2:20	M.
JOHNS	HOPKINS HOS	PTTAL		A. STATE	Maryland	8	. COUNTY		80	6
S. SEX	7. RACE		NEVER MARRIED	C. CITY OF	TOWN		D. INSIDE CIT	Y LIMITS?		
Female	Negro	WIDOWED		Balt:	imore		YES		NO 🗆	
DATE OF BIRTH	1 3 10. AGE (I		nder 1 Yr. If Under 24 Hrs. Ihs Doys Hours Min.		N. Reges	ter Str				
1. BIRTHPLACE (S	itate or foreign country)	12.	CITIZEN OF WHAT COUNTRY?	13. FATHER		Price		\sim		
one dyring most of w	PATION (Give kind of work vorking life, even if retired)		BUSINESS OR INDUSTRY	15. MOTHE	R'S MAIDEN NA	ME AZ	rywoo	1		
	ED EVER IN U.S. ARMEI		17. SOCIAL SECURITY NO.	18. WFOR	Tones	1600	n. k	DRESS	eter	17
19.41	2.4.		CAUSE OF DEA					BETW	PROXIMATE II	
	E OR CONDITION DIRE	CTLY			ic cardio	vascula	r diseas	е	ELIN GINSEI P	IND DEATH
(This does no heart failure,	ot meon the mode of di , osthenio, etc. It meons th application which coused de	e diseose,	DUE TO, OR		UENCE OF:				e dispensive de de de 18 en en en en	
injury or com	nplication which coused de	om.)								
	NTECEDENT CAUSES	V CIVING	(8)	AS A CONSE	QUENCE OF:					
RISE TO THE	OR CONDITIONS, IF AN	TING THE	DOE 10, OK	A0 A CONS.	GOLNEL OI.					
Z	NG CONDITION LAST.		(c)							******
O TO THE DEA	II IFICANT CONDITIONS C ATH BUT NOT RELATED TO CONDITION GIVEN IN F	THE TERMINAL								
20A. DATE OF			WHICH OPERATION W	AS PERFOR!	MED			21. AUTO	PSY? (Yes	or No)
8								ye	s	
UNDERLYING	NAL CAUSE WAS	22B. hom	PLACE OF INJURY(e.g., e, form, foctory, street, offic	in or obout e bldg., etc.)	22C. WHERE DID NJURY OCCUR?	(if in Soltimore	City, give exoc	location)		
OF INJURY	(Month) (Doy) (Yea		ZE. INJURY OCCURRED	WHILE	22F. HOW DID IN	NJURY OCCU	R?			
(APPROX.)				ORK					-	
	ify that I held an	Inquiry 🔲	Inspection Au	tapsy X	ond that on	this basis,	death in my d	pinlon		
result	ted from: Natoral car	uses X A	ccident Suicio	de 📗 H	omicide .	Undetermin	ed monner]		
ACTUAL		MI	ub Cm	ASS	CHIEF MEDICAL		<u> </u>	E / 1	DATE SIG	NED
SIGNATI EXAMIN	ER'S Popold N	. Kornb			OCIATE MEDICAL	EXAMINER		5/1	3/72	
NAME (T	MATION, 248. DATE		C. NAME of CEMETERY	or CREMAT	ORY 24D	LOCATION	(City, town,	or sounty) (St	ote)
REMOVAL (Specif	(H) 5/1-	1/20	Wit , Auch	TAKEN	1	Balto	· Z	2.	,	
DAMA PECID	BY HEALTH DEPT.	258 NIA 141	OF REGISTRAR	Vier	FUNERAL DIREC	TOP O	() AF	DRESS		5
MAY 15			. OF REGISTRAR	19	ONERAL DIREC	7.	66/	1-204	12/6	1
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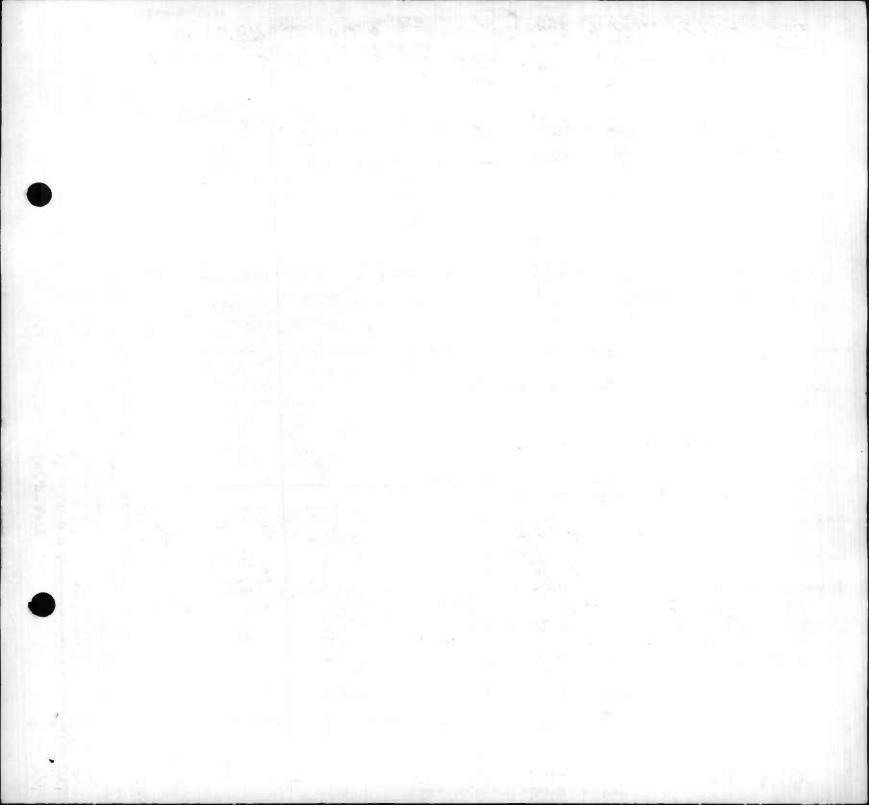
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2004	BIR	TH NO. 72 0460
of death Deceased o on the		NAME OF DECEASED
P 0 0 -		Some
- 00	3.	PLACE IN BALTIMORE, MARYLA
cause of d se; (5) Dece endance on to death.	FU	LL NAME OF (IF NOT IN I STITUTION ADDRESS OF
se; end to	IN:	
ing cause; attend rior to	2	Baltimore
	100	4940 Eastern Av
contribut stermined regular ceased p	5, 5	SEK 6. RACE
reguents used to the second to		emate Negro
in i		LUSUAL OCCUPATION (Give kind eduring most of working life, even if r
Unde as in	10	Housewife
2 ± € €	13.	FATHER'S NAME
dire dy (6	1	BANIEL OU
0 0 0	(Yes	Was Deceased Ever In U. S. Arm s, no or unknown! (If yes, give war
# x D SE		no
i and or o		18. 3 43./1
of cof		DISEASE OR CONDITION LEADING TO DI
the time areas		(This does not mean the mo heart failure, asthenia, etc. It i
examiner. 3) A fractun who proin regular in regular		Injury as camplication which c
examiner. (3) A fractun who pro in regular s are emba		ANTECEDENT CA
wh wh are		rise to the above cause
P		UNDERLYING CONDITION 10
medical e y burns; (3 physician ian was ir	z	11
	OIT	OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATED
- D . V .	FIC.	19A-DATE OF OPERATION 19B
UENT	CERTIFIC	2
(2) ph efor		OR CONTRIBUTING CAUSE O
hospital b ature; (2) pt where (6) No ph ined befor	CA	DEATH (notify medical examined)
hospital by nature; (2) B ept where the d (6) No phy zined before		OF INJURY (Month) (Doy)
he h ny no xce and btai		(APPROX.)
	1	22. I certify that (I) (this ho
of of all		that (I) (we) last saw the de
was released to An accident of at a hospital prior to death); pproval must be		and haur and from the cause 23A. SIGNATURE
hos		0 0.
acci a h a h val		23C. PHYSICIAN'S
was re A at a prior f		NAME (Type) J. Ande
d p a p a	24A	BURIAL CREMATION, 248. DA
700	7	REMOVAL (Specify)
nows: as D. sceas	25A	DATE REC'D AT HEALTH DEPT.
sho was dec		MAY 15 1972 R

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

REG. NO	72	04	605
	-		

BIRTH NO. /C U4000	CERTIFICA	TE OF DE	AIH		
1. NAME OF DECEASED			2. DATE AND HOUR OF	DEATH	
Somerville, C	Odessa		5/12/72		1 12:03 001
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONO	UNCED DEAD	4 USUAL RESID	B. COUNTY	ived. If institution	rosidenco before admission
FULL NAME OF OF NOT IN HOSPITAL OR INSTIT	UTION, GIVE STREET	11	1 and		1502
FULL NAME OF (IF NOT IN HOSPITAL OR INSTIT ADDRESS OR LOCATION)		C. CITY OR TOWN		D. INSIDE CIT	Y LIMITS?
Baltimore City Ho	of state	Bult.	City	YES [No N
		E. STREET AND		-	
3 4940 Eastern Avenue, Balt	imore, Md.	150	4 Morela	nd au	٤.
	NEVER MARRIED	& DATE OF BIRTH	9. AGE (In your birthdoy)	eors If Ur	nder 1 Tr. If Under 24 Hrs hs Doys Hours Min.
Female Negrio WIDOWED		5-20.	001	5	hs Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND Of done during most of working life, even if retired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country!		ITIZEN OF WHAT COUNTR
Housewife		1/	0.		
3. FATHER'S NAME		14 MOTHER'S M	AIDEN NAME		
BANIEL DWENS		Ros			
5. Wes Deceased Ever In U. S. Armed Forces?	NZ cooks				
Yes, no or unknown! (If yes, give war or dotes of service)	SECURITY NO.	17. INFORMANT	4940 Easte		
no		BCH-Record	d Baltimore,	Marylan	d 21224
18. 8. 4.3./1	CAUSE OF DEATH	4			APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY			4		BETWEEN ONSET AND DEAT
LEADING TO DEATH	(A) IMMEDIATE CAU	SE Puln	renary En	bohis	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO, OR AS	A CONSEQUENCE C	OF1		
Injury or camplication which caused death.)			•		
ANTECEDENT CAUSES	50-	Li Para	alas i		
DISEASES OR CONDITIONS, if any, giving	(B) DUE TO, OR AS	A CONSEQUENCE	uplegia OF:	***************************************	
rise to the above cause (A) stating the			3		
UNDERLYING CONDITION last.	(c)				
Z 11					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
SINGUISEASE OR CONDITION GIVEN IN PART 1 (A).	WHICH OPERATION	20A. AUTOPSY	(Vos as Nell 208 to ves	West strings	
WAS PERFORMED	THICH OFERATION	Yes		ING CAUSES O	S CONSIDERED F DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B.	PLACE OF INJURY (e.g., in		FRE DID 166 to	Rollings Ch.	the seat leastless
OR CONTRIBUTING CAUSE OF hom etc.	e, form, foctory, street, off	ice bldg. INJURY	OCCUR?	Boltimore City, (give exect location)
U .			/		
	INJURY OCCURRED		W DID INJURY OCCUR?		
(APPROX.) Whi	Not While				
22. I certify that (I) (this hospital) attended the			10		
					19
that (I) (we) last saw the deceased alive an		19	and that in (my) (c	our) apinian de	ath occurred an the de
and haur and from the causes stated above. (I) (We) (did) (did nat) vi	lew the bady after	er death.		
23A. SIGNATURE				23 B. D.	ATE SIGNED
J. Godin	DEGREE Phys.	iding Med	Staff Phys.		5/12/75
23C. PHYSICIAN'S	DEGREE	3D. ADDRESS			. ~ . ~ .
NAME (Type) J. Anderson					
	DEGREE OF CRE	MATORY	240 1001700	ich .	
REMOVAL (Specify)	11 The Las	DB	24D. LOCATION	City, town	or county) (Stote)
Burial 5/17/12 /A	rfulus ne	m. 87	arbutus	, mo	
25A. DATE REC'D AT HEALTH DEPT. 25B. NAME C	F REGISTRAR	25C FUNERAL	DIRECTOR DO	() . / .	ADDRESS 10
MAY 15 1972 Robert E. Jel	201110	on onep	by docks	X 130	4 no Orbil A
/S 150-BEV 1/1/48				/ - / -	



2		,			1	
5-2	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	(P	0)	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	
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	UST	Bas	ep.	105	P	Ē
	E	rel	JCC	0	1 +0	Val
	ate	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	rio	written approval must be obtained before the remains are embalmed or final disposition is made.
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	is c	9 6	MO	15	200	itt
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72	04606		CEDTIEICA	TE OF DEATH	REG. NO	72 04606
BIRTH NO.	OF DECEASED		CERTIFICA		ND HOUR OF DEAT	v
(Type of Bri		meli	110 P	2. DATE A	- // -	20 1 4.40.
3. PLACE	IN BALTIMORE, MARTLAND,	WHERE PRONO		4. USUAL RESIDENCE INT	ere deceosed lived, Il	institution residence before admission
FULL NAM HOSPITAL INSTITUTIO	OR ADDRESS OR LOC	TAL OR INSTITU	JTION, GIVE STREET	c. CITY OR TOWN	1	SIDE CITY LIMITS?
3B1	ON SECOU	RS A	JOSPITAL	E. STREET AND NUMBER		YES NO .
5. SEX	6 RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	1. ROS E.	If Under 1 Yr., if Under 24 Hrs. Months; Doys Hours; Min.
Fems	le. Negen	WIDOWED	= =	08-26-00	lost birthday)	Months Doys Hours Min.
	OCCUPATION Give kind of wor	LIOR KIND OF		11. BIRTHPLACE (State of for	reign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER	packs of working life, even if retired) HOUSEWISE 'S NAME	n	low	Balto.	Md.	U.S.A.
				~)
15 War Da	passed from in It & A-red for	nings	11 6. SOCIAL	ESTELLA-	JACK	
(Lez' uo ol Ti	gknown) (II yes, give wer or det	es of service)	SECURITY NO.		Rome	ADDRESS
16.	0 5		319-20846	CHART -	BON	secours Hos,
100	50174-0	04.2	CAUSE OF DEAT	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DE			mot belie	rcidosis, s	angeral land
(This	does not mean the mode a	dying, e.g.,	(A) IMMEDIATE CAU			
injury	failure, asthenia, etc. It means ar complication which cause	the disease, death.)	^	withd	eky drake	ou
	ANTECEDENT CAUSE		2	a Rotor Mi	OO: ties	1100 - 1
DISEA	SES OR CONDITIONS, if	gny, giving	(B) DUE TO, OR AS	A CONSEQUENCE OF:	ame	gears
rise !	to the above cause (A) RLYING CONDITION last	sialing the				
ONDE			(c)			***************************************
OTHER TO THE	SIGNIFICANT CONDITIONS CO E DEATH BUT NOT RELATED TO E OR CONDITION GIVEN IN PA	THE TERMINAL	acu	te gastroen	eteritis	days
OTHER STOTHER	ATE OF OPERATION 198 CON WAS FEI	IDITION FOR Y	VHICH OPERATION	20A. AUTOPSYT (Yes or N	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
U 21A. A	CODENT WAS UNDERLYING	218.	PLACE OF INJURY (e.g., i	or about 21 C. WHERE DID		ore City, give exoct location)
	NTRIBUTING CAUSE OF (notify medical examiner)	hom etc.)	e, farm, foctory, street, of	ice bldg. INJURY OCCUR?		
O 210. TI		(Houd) 21E,	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
E CAPPRO		Whi	le At Not While			
20 1		Wor		5 - 11		F . 11 -0
	ertify that (I) (this hospita		e deceased from	0 11	19 72 to	5 - 11 19 72
) (wa) last saw the deceas					inlan death accurred on the date
	our and from the causes sta	ted abava. (i) (Wa) (dld) (dld not) v	law the body after death.	skinused	7.36 A.M.
23A. SIC	GNATURE (1) Y		AMA	nding Med.	c. u and	23R DATE SIGNED
	lonoun Ibulia	iana	DEGREE Phys	Director L	Staff Phys.	5-11-72
0.00	ITSICIANS AME (Type) LAIVAN THIT	IVARA	NA M.D	BON 9	COURS A	103PITA2
24A. BURIA	L CREMATION, 1248, DATE		DEGREE	MATORY 24D.	LOCATION (C	City, town, or county) IState)
Bur	INC 4-16-	72 B	LHs. Na	T. Com	BaHin	and.
25A. DATE		258, NAME O	FREGISTRAR	25C. FUNERAL DIRECTO	R	ADDRESS
	MAY 15 1972	W. Res	E. Faber M.D.	1 Change	D. Wilco	- Cooksmilley /
	/. 1/1/68					N 11 1/1 1



FUNERAL DIRECTOR: IMPORTANT

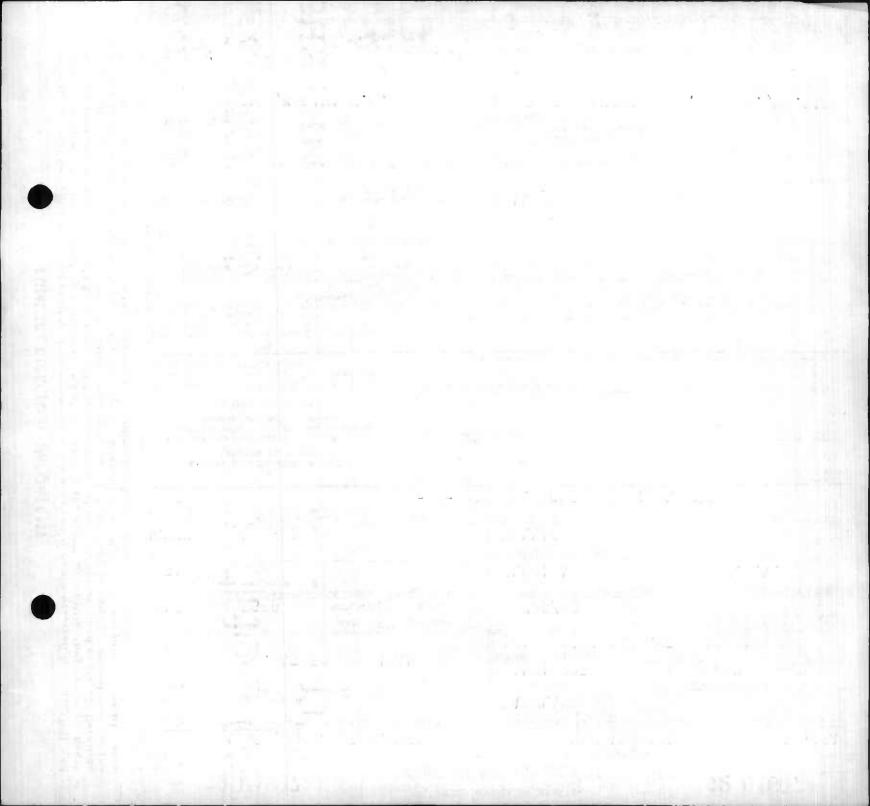
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. 72 64607

BALTIMORE	CITY	HEALTH	DEPARTMENT
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REG. NO	72	04	60	100
1100.110	-			

BIRTH NO.			CERTIFICA	TE OF DE	ATH	REG. NO	(Page 1)	
1. NAME OF DECE (Type of Print)		ODNE C	MILET			HOUR OF DEAT	Н	10 154
	JAMES, OSB			A USUAL RESID	MAY 12		in elitutia en ancido	10:15A
FULL NAME OF		TAL OR INSTIT	UTION, GIVE STREET	MARYLA	VD	1	2	004
INSTITUTION		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		C. CITY OR TOW		D. IN	ISIDE CITY LIMITS	
40	ST. AGNE	S HOSP	ITAL	BALTIMO			YES 🔀	NO 🗌
				2538 FI	REDERIC	K AVE	21223	
- SEX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTI	9. (AGE (In yeois birthday)	If Under 1 Y Months: Doy	Is Hours Min
ALE	NEGRO	WIDOWED		03/28/	08	64		77.11
M. USUAL OCCUI	PATION (Give kind of working life, even if retired)	10B KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or fareign	country)	12. CITIZEN	OF WHAT COUNTRY
NGINEER		1		FLORIDA	4		U.S.	Α.
3. FATHER'S NAM	IE 7	1		14. MOTHER'S N	AIDEN NAME			
IXMES /	nomas	Uã	MES	MOLLIE				
5. Was Deceased (es, na or unknown)	Ever in U. S. Armed For Of yes, give war or date	ces?	SECURITY NO.	17. INFORMANT			AD	DRESS
ONE			215-05-9999	ST. AGI	VES HOS	PITAL R	ECORDS	
heart failure, a injury or comp A DISEASES OF tise to the	It mean the mode of sihenia, etc. II means vication which caused NTECEDENT CAUSES CONDITIONS, if above cause (A)	the disease, death.)	(B) DUE TO, OR AS	A CONSEQUENCE	WO	o Vasa	lar Ac	cident
UNDERLYING	CONDITION last		(c)					
OTHER SIGNIFIC	[[CANT CONDITIONS CO BUT NOT RELATED TO T NOTION GIVEN IN PAR	HE TERMINAL	*************************				*****	
19A. DATE OF	OPERATION 198 CON WAS PER	DITION FOR V	VHICH OPERATION	20 A. AUTOPSY	1.10	E IF YES, WERE	FINDINGS CON AUSES OF DEAT	NSIDERED H?
OR CONTRIBUT	TWAS UNDERLYING TING CAUSE OF medical examined	218. hometcJ	PLACE OF INJURY (e.g., in e, farm, factory, street, af	ar about 21 C. WH fice bidg., INJURY	ERE DID	(IC In Soltim	ore City, give exa	ct location)
	(Month) (Doy) (Year)		INJURY OCCURRED Not While At Work		W DID INJURY	OCCUR		
22. I certify t	hat (I) (this hospital) attended th	e deceased from	PRIL 27	197	2 to MAY	12	19 7.2
that (1) (we) 1	ost sow the decease	d alive an	1Y 12	19 72	and that I	n(my) (our) of	inton death oc	curred on the date
and hour and	from the causes stat	ed obave. (1)	(We) (did) (did not) vi	lew the bady oft				
23A. SIGNATUR		Kon	mum Atter	nding [] Med			23 R DATE SIG	IT 2
23 C. PHYSICIAN NAME (Typ		MI M.D	DEGREE 2	CATON &			1-112	,MD .21229
BULLANDERS	5/1/2 0/66 DATE	22 24C. NA 22 9///	ME of CEMETERY OF CRE	MATORY 25C, TUSTICAL WILLIAM	DIRECTOR	al Hane	Sign of	Cote (Stote)



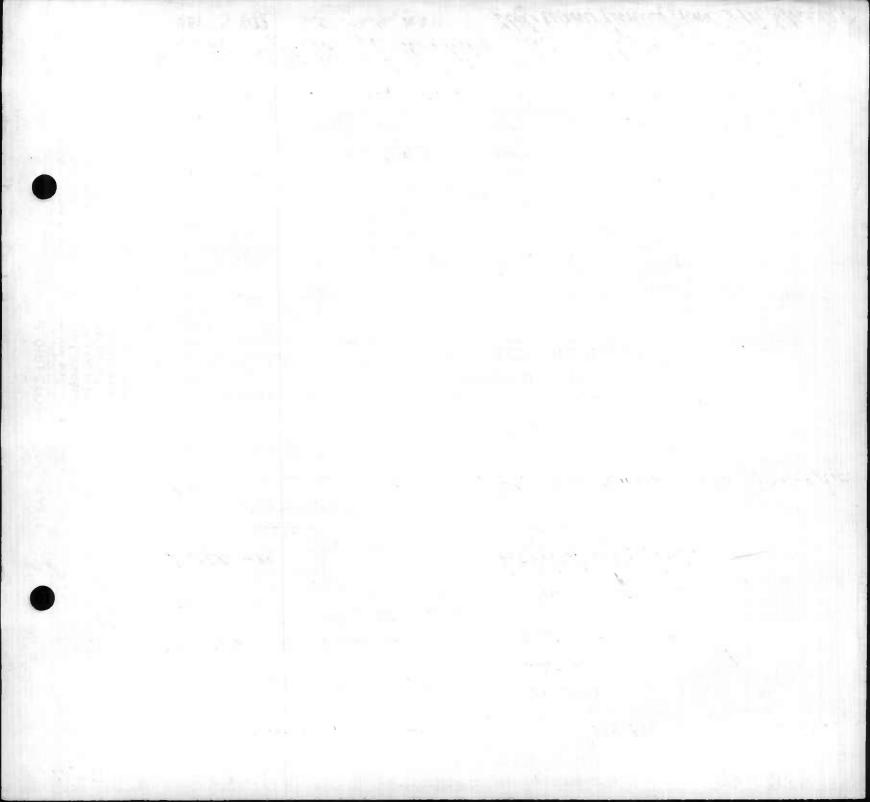
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UNEKAL DIRECTOR: IMPORTANT	0	by a medical examiner. Also, if the direct or con	Ó	
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BALTIMORE	CITY	HEALTH	DEPARTMENT	

CERTIFICATE OF DEATH	CFR'	TIF	CA	TF	OF	DEA	HTA
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REG.	No				

HILLADL	H NO. AME OF DECE o ar Print)		1:	c 171		TIFICA		2. DATE A	ND HOUR O	F DEATH		
					oyd L.				11/72		8:	42 p.
3. PI	LACE IN BALT	IMORE, MAI	MAND, W	HERE PRO	OUNCED DEAD)	4. USUAL A. STATE	RESIDENCE (Whe	era deceasad	lived. It institu	tian: residence	pelara admissia
FUL	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)						Ma	ryland			25	42
	STITUTION ADDRESS OF LOCATION						C.CITY OR TOWN Baltimore D. INSIDE CITY LIMITS?					
5	The Johns Hopkin s Hospital							AND NUMBER		YE	S N	10 🗌
1	ne Jon.	ns not	KIN	s Hos	pitai			16 Seam	on Ave	enue		
5. SE		6. RACE		7. MARRIE	D NEVER M	ARRIED	B. DATE OF	BIRTH	9. AGE (In	rears It	Under 1 Yr.	It Under 24 Hr
	Male	Nec		WIDOW	DIVO	ORCED	1/4/	36	last birthday	36	onths Days	dours Min.
dane	during most of w	PATION (Give orking life, eve	kind of worl	108, KIND	OF BUSINESS OF	RINDUSTRY	11. BIRTHPL	A CE (Stole or fore	ign country)		2. CITIZEN OF V	HAT COUNT
	Locks	mon	,				Lex	vispu	MR /	1.0		
13. F							4. MOTHE	R'S MAIDEN NA	ME			
		t Will					An	nie Sto	kes			
15, W (Yos,	as Daceased	Ever in U. S. (If yes, give	Armed For	ces? S of sorvice	1 6. SOCIAL SECURITY	NO	7- INFORM	ANT			ADDRES	S
	NO				242-5	24/20	Ort.	EVIOZ H	1:11:2.	45 07	12.0.	-2-41 1.
1	8. 48	6 X I				OF DEATH	20/6	0100	IIIICA	13 ac	APPROXI	MATE INTERVAL
		OR COND		RECTLY	(Candia	respi	ratory	anni	3+	SETWEEN (ONSET AND DEAT
Candiorespiratory armest LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) IMMEDIATE CAUSE (A) IMMEDIATE CAUSE (B) INTERIOR OF AS A CONSEQUENCE OF												
1	heart failure, a	isthenia, etc.	Il meons	the diseas	e, DUI	E TO, OR AS A	CONSEQUE	NCE OF:				
ľ		NTECEDENT		decin.	+	MOOKI	a ar	id myoc	andia	O ischer	mid	
	DISEASES OF			anu atut	(8)	TO, OR AS A	CONSTOU	TNICE OF			7.00	*************
l i	rise to the	above ca	use (A)	sloting I	ie Q	06 1 1 . co (CONSEQU	, multi	1			
	UNDERLYING	CONDITION	l last.		(c)	accorni,	ruct	, mulen	nu M.	r,2		
Z	THER SIGNIFIC	ANT CONDI	IÒNS COI	NTDIRITINI	2							
ATIC	O THE DEATH	BUT NOT PE	ATED TO TH	JE TERMINIA	i							
E I	PA-DATE OF	PERATION	19B CON	DITION FOI	WHICH OPERA	TION	20A. AU1	OPSY? (Yes or No	20B, IF YE	WERE FIND	INGS CONSIDE	ERED
CERTIFICATION	1A ACCIDENT	WAS HAID	*****					0	IN CERTIF	IIIIO CAUSES	OF DEATH	
10	TA ACCIDENT OR CONTRIBUT DEATH (notify n	ING CAU	E OF	l 2 h	B. PLACE OF IN	JURY (e.g., in y, street, affic	or obout 210 e bidg., INJ	URY OCCUR?	(16 1	Boltimore Cit	y, give exoct lac	ation)
S					c)							
30	F INJURY	Month) (Da	y) (Tear)		/hile At	Not While	1	HOW DID INJ	URY OCCUR	7		
	APPROX)				ronk —	Al Work						
2	2. I certify the	hot (1) (this	hospitol	Dottended	the deceased	from	pril	25 1	972 to	Ma	4 1)	1972
	not (I) (we) I	ost sow the	decease	d olive on	May	11	19	72 and the	of In(my) (our opinion	death occurr	ed on the dat
11	nd hour ond	from the co	uses stot	ed above.	(I) (Wa) (did) (did not) vie	w the bod	y ofter death.				
tl		E			2						DATE SIGNED	
tl	3A. SIGNATUR		V 11		200	Attend	ling 🔲	Med. Director	Staff Phys		5/11/7	2
23	SA. SIGNATURI	4tha	d. Ke	pper	1100	Phys.			Phys.			
23	SA. SIGNATURI	4tha	d. Ke	Konn	er M	23	D. ADDRESS	3		Ucar:	+-1	
23	3A. SIGNATURI MO 3C. PHYSICIAN NAME (Typ	wtha Marth	a L.	Kopp	er, M.	. D .	The			Hospi	tal	
23	SA. SIGNATURI	wtha Marth	a L.	Kopp	er, M.	D. DEGREE	The	3		1 1	tal	(State)
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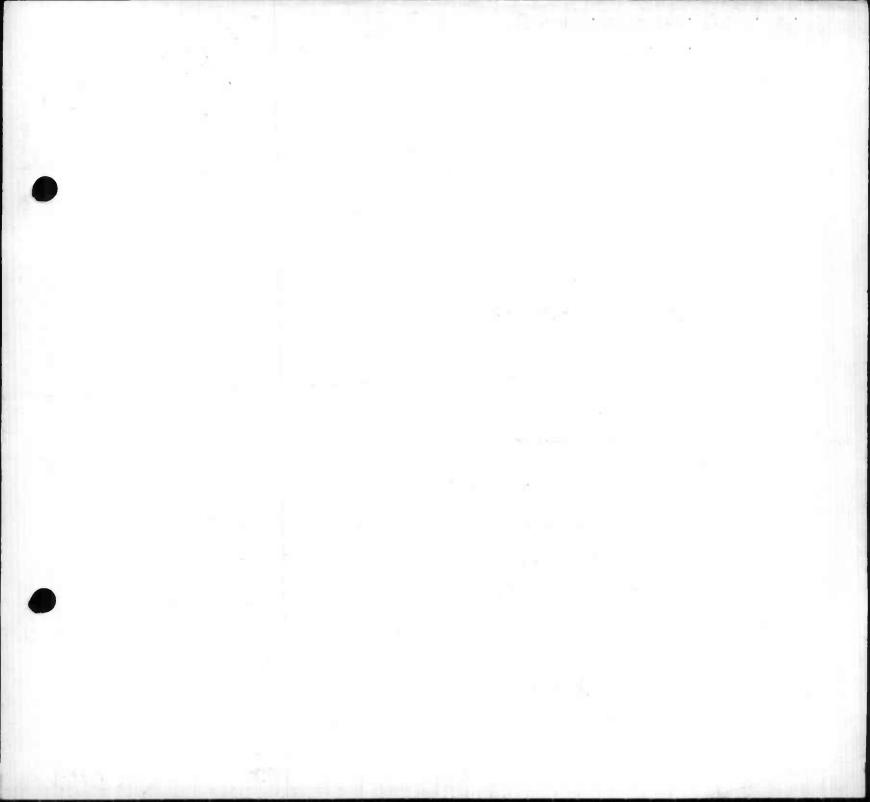


FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hothe body was released to the hospital by a medical examiner. Also, if the direct or contributing cause shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendant deceased prior to death); and (6) No physician was in regular attendant on the deceased prior to death).
	This certificate must be the body was released shows: (1) an accident was D.O.A. at a hospite deceased prior to deatl written approval must

spital and

BALTIMORE CITY HEALTH DEPARTMENT 72 04609 of dear.
) Deceased
nce on the REG. NO. CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Typo or Print) May 11,1970 6 Am. M. USUAL RESIDENCE IWhere deceased lived, If institutions residence before admission) pner 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD A. STATE B. COUNTY FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) maryland C. CITY OR TOWN D. INSIDE CITY LIMITS? Secours Baltimore YES A NO E. STREET AND NUMBER 417 Seward Dattimore, maryland Avenue 5. SEX 6. RACE DATE OF BIRTH 9. AGE IIn years If Under 1 Yr. Months: Doys · MARRIED X NEVER MARRIED If Under 24 Hrs. Male ost birthdoy LUHITE WIDOWED DIVORCED 10A USUAL OCCUPATION (Give kind of work 10B, KINO OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? dope during most of working life, even if retired) Netirea BAT TRANSITCO 505 Driver MARUland 4.5. 14. MOTHER'S MAIDEN NAME Anna Benedict. Klipner 15. Wos Deceased Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMANT ADDRESS IYes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. no 3-05-9835 Mrs. Josephine Klipner same CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: hearl failure, asthenia, etc. Il means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES (B)_______DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION just OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? IYes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? CERTIFI WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218, PLACE OF INJURY (e.g., in or obout 21C, WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (il in Boltimore City, give exoct location) DEATH (notify medical examined MEDI 21D. TIME (Month) (Doy) |Year) (Hour) 21 E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) Work 22. I certify that (i) (this hospital) attended the deceased fram. 19 72 that (i) (we) last sow the deceased alive on May // and that in(my) (our) apinion death accurred on the date and hour and from the causes stated above. (1) (We) (did) (did not) view the bady after death. 23A. SIGNATURE 23 B. DATE SIGNED Attending | Med. Phys. 23C. PHYSICIAN'S NAME IType 23D. ADDRESS 14, BON SELOURS HOS DEGREE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION REMOVAL ISpecify) (City, town, or county)

Burial Holy edeemer Balto. Md. 258 NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Lednard J. Ruck Inc. Balto. Md. VS 150-REV, 1/1/68



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Pu	th	ed	he	; and (6) No physician was in regular aftendance on the deceased prior to death. Such	
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death (shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death)	written approval must be obtained before the remains are embalmed or final disposition is made.
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72 04610	BALTIMORE CITY	HEALTH DEPARTMENT		72 04610
	CERTIFICA	TE OF DEATH	REG. NO	(10
BIRTH NO. 1. NAME OF DECEASED	02/(11/10)		NO HOUR OF DEAT	W.
(Type or Print) PINES, Robert A	• 1		5-11-72	12:35 A
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRON	DUNCED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. If	institution: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR INST	TUTION, GIVE STREET	Maryland		2141
NOSPITAL OR Veterans Administration Veterans Administration Loch Raven Blvd	tion Hospital	Baltimore	D. IN	YES K NO
Baltimore, Maryland		E. STREET AND NUMBER 5138 Belair R	oad	
5. SEX 6. RACE 7. MARRIED	NEVER MARRIED		9. AGE (In yours	If Under 1 Yr. If Under 24 H
Male Caucasian WIDOWE		10-25-04	lost birthdoy)	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108, KIND of done during most of working life, even if retired)				12. CITIZEN OF WHAT COUNT
D.M.V. Title Checker		Baltimore Ma	haefura	U.S.A.
13. FATHER'S NAME		Baltimore, Ma	ME	U.U.A.
Januar Dinas		Alica Commo		
Henry Pines 5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	Alice George	osnital Pa	cords ADDRESS
(Yos, no or unknown) (If yos, give wer or dotes of service)	SECURITY NO.			
Yes 5-9-42 to 1-5-45	214-16-55-67	Baltimore, Ma	ryland 212	TO
18. 4	CAUSE OF DEAT	H		APPROXIMATE INTERVA
DISEASE OR CONDITION DIRECTLY		1/1		7
LEADING TO DEATH	(A) IMMEDIATE CAL	ISE UVA		3 davs
(This does not meen the mode of dying, e.g. heart foilure, osthenio, etc. It means the diseas	DUF TO OR AS	A CONSEQUENCE OF:		7
injury or complication which coused death.)				
ANTECEDENT CAUSES	(4)			
DISEASES OR CONDITIONS, if ony, givin	Q DUE TO, OR AS	A CONSEQUENCE OF:		***************************************
rise to the obove couse (A) stoling th	e			
UNDERLYING CONDITION lost.	(c)			
7				0
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		GI bleeding	19	2 week
▼ DISEASE OR CONDITION GIVEN IN PART 1 (A).				
19A. DATE OF OPERATION 19B. CONDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING	E FINDINGS CONSIDERED CAUSES OF DEATH?
2 4/10/72 Rectal-Ves		Yes		Yes
OR CONTRIBUTING CAUSE OF ho	B. PLACE OF INJURY (e.g., i ome, form, foctory, street, o c.)	n or obout 21 C. WHERE DID	· (If in Soltim	nore City, give exect location)
O 21D.TIME (Month) (Day) (Year) (Hour) 21	E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
₹ OF INJURY	/hile At C Not While			
(AFFROA)	ork At Work			
22. I certify that (既(this hospital) ottended			19 72to	May 11, 19 72
that (1) (we) lost saw the deceased alive on	May 11,	19 72 and th	ot in (no) (our) o	pinlon death accurred on the
ond hour and fram the couses stated above.				
23A. SIGNATURE	the first fair fair and the state of the sta	The body offer deom.		238, DATE SIGNED
I wont In Vitte	1AAC AH	nding Med.	Stoff TX	
way voucue	DEGREE Phy	s. Director	Stoff Phys.	5-11-72
23C. PHYSICIAN'S NAME (Typo) TIPT + Tilbitman M. D.			coch Raven ore, Maryla	
Walt Whitman M.D. 24A. BURIAL CREMATION, 24B. DATE 24C,	DEGREE			
REMOVAL (Specify)	ANIALE OF CENTELEKT OF CKI	240. L	CATION	(City, town, or county) (State
Burial 5/15/72 (ardens of F	eith B	altimore,	Md.
25A. DATE REC'D BY HEALTH DEPS 2 25A NAME	OF REGISTIAR	ZSC. FUNERAL DIRECTOR	1	ADDRESS
MAY 16 19/2 10000 61 45		Leonard J.	Ruck. Inc	Balto., Md.
VS 150-REV. 1/1/68	4	5 0 0 5		

AND LEADER OF THE PERSON OF TH 10.7 Anti-Goldman J. J.

this certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and of the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	DALTIMORE CITT	HEALTH DEPARTMENT	1 763 1 1734
72 04611	CERTIFICA	TE OF DEATH REG. NO	o <u>. 72 04611</u>
RTH NO.	- GERTH 107		
NAME OF DECEASED	,	2. DATE AND HOUR OF D	EATH
(po or Print) CONTRINO, Lo	0413A	5/11/72	10 3 AM
PLACE IN BALTIMORE, MARYLAND, WHERE PRO		4. USUAL RESIDENCE IWhere deceased lived	d. Il institutions residence before admission
JLL NAME OF OSMITAL OR IN ADDRESS OR LOCATIONI	ISTITUTION, GIVE STREET	3141 0.38 M/ JL C. CITY OR TOWN	
Union mormo ial Hospital		E. STREET AND NUMBER	YES NO
applicat: 33 rd/ST.		E. STREET AND NUMBER	
BALTOMA. 21218		85018	
SEX 6. RACE 7. MARR	MED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	s If Under 1 Ys. If Under 24 Hrs. Months Doys Hours Min.
FE. White WIDOW	WED DIVORCED	7-17-98 lost birthdoy)	3
A USUAL OCCUPATION (Give kind of work 108, KINE	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY
no during most of working life, even it retired)	usewife	Staly	
FATHER'S NAME	126MIL6	14. MOTHER'S MAIDEN NAME	
11			
Vincenzo Giordano	1/12/22/25	dr Francisco, Th	eresa
. Was Deceased Ever in U.S. Armed Ferces? es, no or unknown) (if yes, give war or dates of servi	ice) 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	212-20-8982	Mas. Lucy J. Tho	mas 6302 Rowe Ct.
no	CAUSE OF DEAT	7000 2000 000	APPROXIMATE INTERVAL
ANTECEDENT CAUSES DISEASES OR CONDITIONS, If any, gla	(8) A C L T	E LUFELLOR +	
nise to the above cause (A) stating UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19PL CONDITION F WAS PERFORMED 21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	ng Asc	20A AUTOPST? (Yes or No.) 20B. IF YES, IN CERTIFYIN	WERE FINDINGS CONSIDERED G CAUSES OF DEATH? collimore City, give exact location)
dise to the above cause (A) stating UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) 21D.TIME (Month) (Doy) (Year) (Hour)	OR WHICH OPERATION 218. PLACE OF INJURY (e.g., home, farm, foctory, street, of the control of	20A AUTOPSY? (Yes or No.) 20B, IF YES, IN CERTIFYIN IN CERTIFYIN (If In B fice bidg, INJURY OCCUR?	
dise to the above cause (A) stating UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B-CONDITION F WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	NG NAL ASCA	20A AUTOPST? (Yes or No.) 20B. IF YES, IN CERTIFYIN IN CERTIFYIN (If In B	
dise to the above cause (A) stating UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B CONDITION WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) 21D-TIME (Month) (Doy) (Year) (Houd OF INJURY (APPROX.)	OR WHICH OPERATION 218. PLACE OF INJURY (e.g., home, farm, foctory, street, of the control of	20A AUTOPSY? (Yes or No.) 20B, IF YES, IN CERTIFYIN IN CERTIFYIN (If In B line bldg, INJURY OCCUR?	iolilmore City, give exact location)
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dise to the above cause (A) stating UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B CONDITION WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) 21D-TIME (Month) (Doy) (Year) (Houd OF INJURY (APPROX.)	OR WHICH OPERATION 21 & PLACE OF INJURY (e.g., loome, farm, foctory, street of etc.) 21 & INJURY OCCURED While At Not While Work at Work At Work	20A AUTOPST? (Yes or No.) 20B. IF YES, IN CERTIFYIN IN CERTIFYIN (If In B INJURY OCCUR?	iolilmore City, give exact location)
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FUNERAL DIRECTOR: IMPORTANT

was released ta the hospital by a medical examiner. Alsa, if the direct or cantributing cause of death. An accident af any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased Such on the a haspital ta death. attendance prior deceased priar to death); and (6) Na physician was in regular attendance on the deceased pr written approval must be abtained befare the remains are embalmed or final dispasition is made. in regular approved by the chief medical examiner or his assistant if death Was death wha pronounced physician the body was released to the hospital by a medical shows: (1) An accident of any nature; (2) Body burns; at a hospital (except where the certificate must be was D.O.A.

	72 04612		HEALTH DEPARTMENT		72 04612
BIRT	H NO.	CERTIFICA	TE OF DEATH	REG. NO.	12 (7:01)
	AME OF DECEASED		2 DATE AND	HOUR OF DEATH	
	e or Print SAFRIT, EDWA	ORD C. THE	5/11	122	1 3.50 P. M.
3. 7	LACE IN BALTIMORE, MARYCAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE IN Here	leceased lived, If inst	itution: residence belore admission)
FUL	L NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET		MARY	CAND 305
1163	- 4		BALTIMOR	E D. INSID	E CITY LIMITS? YES NO NO
17	11 1 2 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	1/000	E. STREET AND NUMBER	// O =	
		IDE HOS PIPAC			-BALTO, MD 21211
5. \$1	M W WIDOW		12-11-14 lost	57	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
10A.	USUAL OCCUPATION (Give kind of work 10B, KIN)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
	during most of working life, even if retired)		Nr CAROL	11017	AMERICAN
13. F	ATHER'S NAME		14 MOTHER'S MAIDEN NAME		
	EDWARDC. SAR		UINNIE S	SINK	
(Yes,	(as Deceased Ever in U. S. Armed Forces? no or unknown) lif yes, give war or dates of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	NO	339-09-3106	FOIT H-V	, SAFR	IT - SAME
	18. 11 2 1) . 0 1	CAUSE OF DEAT			APPROXIMATE INTERVAL
	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH		SE Intracubia	0 1	BETWEEN ONSET AND DEATH
	(This does not mean the mode of dying,	(A) IMMEDIATE CAU	SE ALVILLOUGH	C num office	XX.
	heart failure, asthenia, etc. It means the dise injury or camplication which caused death.)	ase,			
	ANTECEDENT CAUSES	Q. inter	an look 110	A Amelican	
	DISEASES OR CONDITIONS, if any, gi	ing DUE TO, OR AS	e of Left MC	H WILLIAM	
	rise to the above cause (A) stating	the		U	
	UNDERLYING CONDITION last	(c)			***************************************
-	11				
АПО	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).			-	
	94 DATE OF OPERATION 198 CONDITION F 5-9-72 WAS PERFORMED CEREBRAL		20A AUTOPSY? (Yes or No.) 2	OR IF YES, WERE FIN N CERTIFYING CAUS	IDINGS CONSIDERED SES OF DEATH?
	DEATH (notify medical examines)	21B PLACE OF INJURY (e.g., ir home, farm, foctory, street, of etc.)	or obout 21C. WHERE DID	(If in Baltimore	City, give exact location)
ă :	ID-TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21 F. HOW DID INJURY	OCCUM?	
151	OF INJURY APPROXI	While At Not While			
	THE PROPERTY OF THE PROPERTY O	Work At Work			

22. I certify that (1) (this hospital) attended the deceased from .19 19 that (1) (we) lost sow the deceased alive on ond that in (my) (our) opinion death occurred on the date

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3A. SIGNATURE	001	nes	110		

23A. SIGNATURE	allows?	M.D.	Attending Phys.	Med.	Stoff Phys.	23 B, DA	TE SIGNED	7
23C. PHYSICIAM'S NAME (Type)	7		23D. ADDRES	SS		-11	1	<u></u>

				REE
24C, NAME	of	CEMETERY	10	CREMATORY

Housena	_

(City, town, or county) 24D. LOCATION (State)

MEADONBIDGE

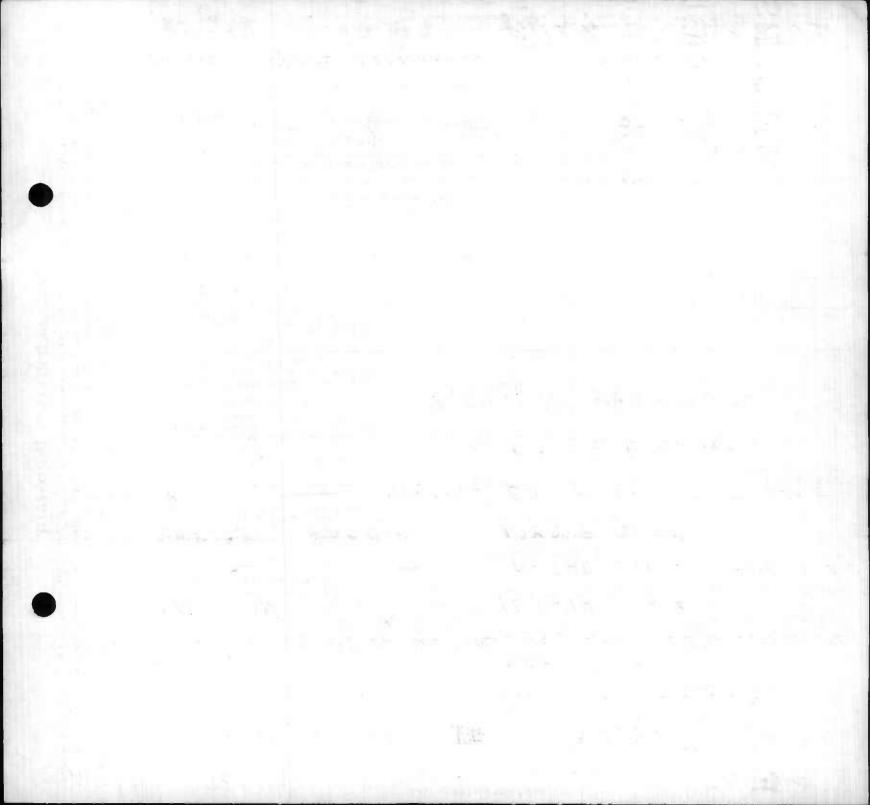
25C. FUNERAL DIRECTOR

ADDRESS

248, DATE

VS 150-REV. 1/1768

24A. BURIAL CREMATION, REMOVAL (Specify)



M-624

72 04613

BALTIMORE CITY HEALTH DEPARTMENT

MED	ICAL E	EXAMINER'S			DEAT	H NO	70 1	Main
BIRTH NO.						KEG. NO.		
1. NAME OF DECEASED (Type or Print)			2. DATE	KnownXX	Month	Doy	Yeor	Hour
Raymond Marke	e1		OF DEATH	Estimoted	5	11	72	
4. PLACE IN BALTIMORE, MARYLAND, V	VHERE PROP	NOUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour
FULL NAME OF (IF NOT IN HOSPITAL ADDRESS OR LOCAL OR INSTITUTION	AL OR INSTITU TION)	TION, GIVE STREET		UNCED DEAD	5	11	72	12:30 p
1423 Race St	treet		A. STATE Md			B. COUNTY		301
6. SEX 7. RACE	B. MARRIED	NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE C	ITY LIMITS?	
male White	WIDOWED	DIVORCED	Balt	imore		v	Es 🗌	NO 🗆
9. DATE OF BIRTH 10. AGE (I	n yeors	Under 1 Yr, II Under 24 Hrs.	E. STREET A	ND NUMBER				
26 Mar 1896 Rost birthdo	76	onths, Doys, Hours, Min.		423 Race	Street			
Pennsylvania	12.	WHAT COUNTRY?	13. FATHER	Markel				
14A.USUAL OCCUPATION (Give kind of work	14B. KIND O		15. MOTHE	R'S MAIDEN NA	ME			
done during most of working lile, even il retired)								
Custodian 16. WAS DECEASED EVER IN U.S. ARMED	tav	ern 117. SOCIAL		Gantz			DDDESS	
(Yes, no or unknown) (If yes, give wor or dotes		SECURITY NO.	18. INFORA	MANI		A	DDRESS	
no		213014-3950	Earl (G. Myers.	1911 1	undalk	Ave.	21222
19. 4/2,4		CAUSE OF DEA	TH					PPROXIMATE INTERVAL
DISEASE OR CONDITION DIRE	CTLY	Arteri	ioscler	otic card	iovascu	ılar di		
LEADING TO DEATH		(A)IMMEDIATE C						and and also due and mar any due has due his mar and and also associate any our our group group.
(This does not mean the made of dy heart failure, asthenia, etc. It means the	diseose,	DUE TO, OR	AS A CONSEO	UENCE OF:				
injury or complication which coused dea	oth.)							
ANTECEDENT CAUSES								
	. GIVING	(B)	AS A CONSEC	QUENCE OF:	******	o als servey out and selt selt selt day selt der selt der selt der selt der		
DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STA UNDERLYING CONDITION LAST.	TING THE							
Z ONDERLYING CONDITION LAST.		(c)						
2 11								
OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN P.	THE TERMINA							~~~ ~~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~
20A. DATE OF OPERATION 20B. COL	NDITION FO	R WHICH OPERATION W	AS PERFORM	ED			21. AUTC	PSY? (Yes or No)
0 0								10
₹ 22A. EXTERNAL CAUSE WAS	1221	PLACE OF INJURY(e.g.,	in as about 2	2C WHERE DID	/11 := D = lat == = =	- City -1		.10
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	hos	ne, form, loctory, street, offic	e bldg., etc.)	NJURY OCCUR?	(II in Bollimor	e City, give ex	oct tocotion)	
≥ 22D. TIME (Month) (Doy) (Year	r) (Hour)	22E.INJURY OCCURRED	2	2F. HOW DID IN	JURY OCCL	IR?		
OF INJURY (APPROX.)			WHILE					
23.	m.	WORK LAT W	ORK					
	nquiry 🗌	Inspection XX Au	tonsy 🗍	and that on t	his hasts	death in my	onlnlon	
resulted from: Natural cau	ses	Accident Suicio		micide [ned monner		
ACTUAL 7	/ ,	2111		CHIEF MEDICAL				DATE SIGNED
SIGNATURE	LL	MUCH M.D	ASSI	STANT MEDICAL	EXAMINERX	松		
EXAMINER'S Peter Li	pkovic	M.D.	ASSO	CIATE MEDICAL	EXAMINER			5/12/72
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)		24C. NAME of CEMETERY	or CREMATO	DRY 24D.	LOCATION	(City, tow	n, or county) (Stote)
burial 15 May	72	Western Cemet	ery	THE STATE OF	Baltim	ore, Mo		
25A. DATE REC'D BY HEALTH DEPT	25B. NAN	NE OF REGISTRAR		UNERAL DIRECT			ADDRESS	
MAY 16 1972 026	B E. 1/2	Bay Ka	ULI	lrich Fune	eral Ho	me, Dun	dalk,	Md. 21222
VS 151-REV. 1/1/68	3	1200	0 3	000				

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the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

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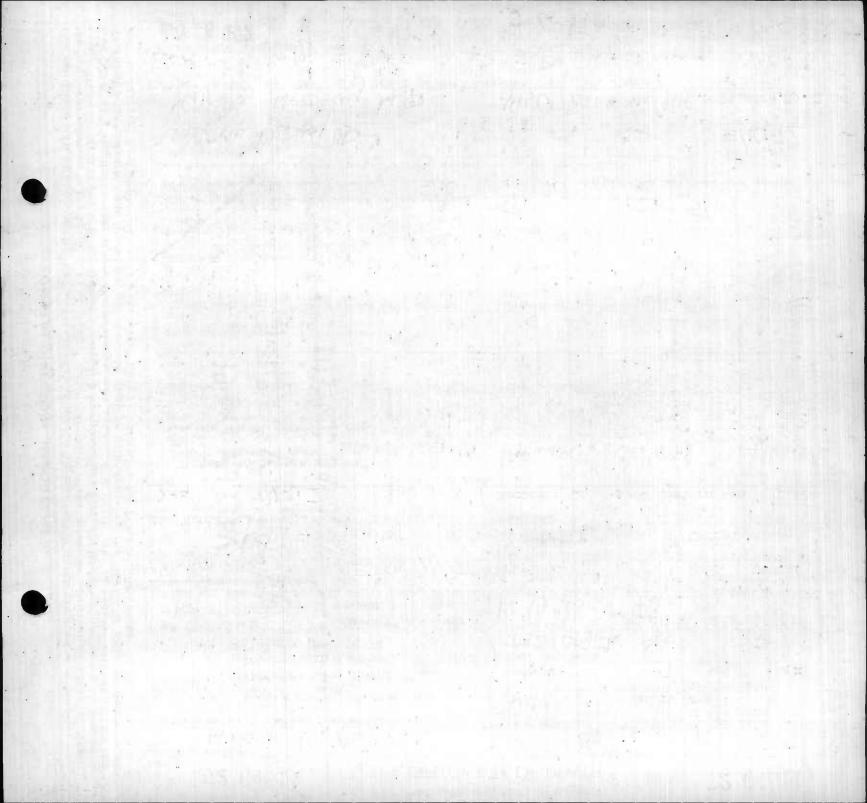
VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

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CH-FUNGRAC HOME DUNDALK 21222

BIRTH NO.			CERTIFICA	ATE OF I		7			
(Type or Print)	coney Go	3290			5/10	HOUR OF DEAT	11	45	PM
				A. STATE	8. COU	Baltimo		esidence before	admission)
FULL NAME OF HOSPITAL OR INSTITUTION				C. CITY ORITE			VES T	IMITS? NO ☑	
31	ARE OF DECEASED OF PAINT OF PA			E. STREET AN		le bie		219	
. sex Male			NEVER MARRIED	B. DATE OF B	IRTH	9. AGE (In years lost hypholy)	If Unde Manths	Days Hours	er 24 Hrs. Min.
tone during mast of	warking lite, even if retired)			Y 11. BIRTHPLA Marylar		eign country)	12. CITI	U.S.A.	COUNTRY
3. FATHER'S NA		MOONE	= 4	14. MOTHER	S MAIDEN NA		Laura /	100NF	147
			6. SOCIAL SECURITY NO. 212-18-0601	17. INFORMAL Records		4940 East	ern Ave	ADDRESS 2122	24
DISEASES CHISO IN UN DERLYING	ANTECEDENT CAUSES OR CONDITIONS, if e obave cause (A) G CONDITION lost. II EICANT CONDITIONS CO H BUT NOT RELATED TO T	ony, giving slating the INTRIBUTING HE TERMINAL	(B)	s a conseque	NCE OF:	,			
	OPERATION 198 CON	DITION FOR W	HICH OPERATION	20 A. AUTO		a) 208. IF YES, WEI	RE FINDINGS CAUSES OF	CONSIDERED DEATH?	
		hame	PLACE OF INJURY (e.g., form, factory, street,	in or about 21 C. office bldg., INJU	WHERE DID JRY OCCUR?	(If in Baltin	more City, giv	e exoct location)	
21 D. TIME OF INJURY (APPROX.)	(Manth) (Day) (Year)	Whil	e At Not Wi	nile 🖂	HOW DID IN	JURY OCCUR?	-1.0		25
and haur and	last saw the deceased from the causes sta	ed alive an	5/10	19		hat in (Rux) (aur)			the dat
Walc.	anstrong	- Cal		tending 23D. ADDRESS	Med. Director	Shoff Drys. Drys. Care	5	107Z	0100
BURIA	Specify) HAY 15.	190 (1)	ESTERN (REMATORY) CMCTCK		LOCATION BACTIMOR	City, town,	more, Md. or caunty) HALYCK	(State)
MAY 16	1972 1866 8	ANDER!	报 3.		C110=1)4)		is Du	DEALK D	10



the body was released to the hospital by a medical examiner. Also, if the direct or contributing couse of death shows: (1) An accident of any noture; (2) Body burns; (3) A fracture of any kind; (4) Undetermined couse; (5) Deceased

This certificate must be approved by the chief medical examiner or his ossistant if death occurred in a hospital and

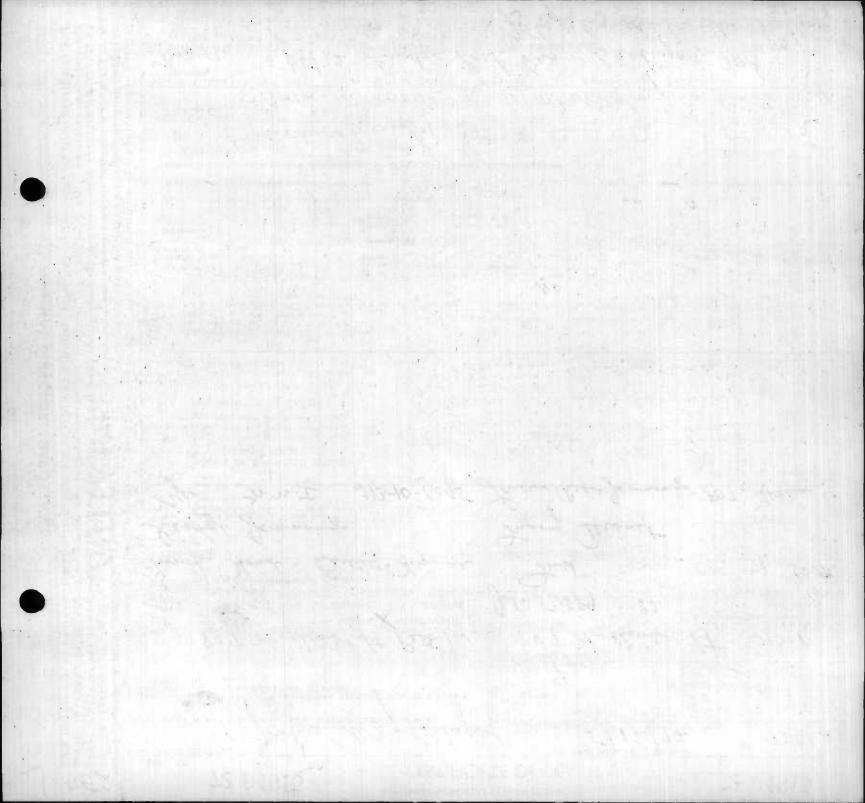
was D.O.A. at a hospitol (except where the physicion who pronounced deoth was in regular attendonce on the deceased prior to deoth); and (6) No physicion was in regular ottendance on the deceased prior to deoth. Such written approval must be obtained before the remains are embalmed or final disposition is made.

72 04615

BALTIMORE CITY HEALTH DEPARTMENT

	713		hy
G. NO	16	0461	To

CERTIFICA	TE OF DEATH
I. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
(Type or Print) John a. Jennings	5/12/72 2:30A.M.
3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, Il institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
DD.	Baltimore YES NO [
807 Hollins St. Betto had.	807 Hollins St. 21201
S. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years II Under 1 Yr. II Under 24 Hrs. Months; Days Hours; Min.
me MIDOWED DIVORCED	Olla 1689 lost birthdoy) Months Doys Hours Min.
TOA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY	BIRTHPLACE (Stole of foreign country) 12. CITIZEN OF WHAT COUNTRY?
during most of working life, even if refired)	my. J. S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
2	2 0 1
Derrye Jennings	many Ilisnet
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO.	17. INFORMANY ADDRESS
920 92 m.I 213-10-6095	Tours Reed Jennen - 507 Stalling Lt.
18.410 9 1 CAUSE OF DEAT	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH	
(This does not mean the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease, injury or camplication which caused death.)	A CONSEQUENCE OF:
ANTECEDENT CAUSES COVO	nary disease & Chrons'e
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF:
rise to the obove couse (A) stating the UNDERLYING CONDITION lost.	racetive Heart discore
190000000000000000000000000000000000000	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DOTTO THE DEATH BUT NOT RELATED TO THE TERMINAL DOTTO THE DEATH BUT NOT RELATED TO THE TERMINAL DOTTO THE DEATH BUT NOT THE DEATH IN	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 218. PLACE OF INJURY (e.g., home, form, foctory, street, of etc.)	in or about 21C. WHERE DID (If In Baltimore City, give exact location) lince bldg., INJURY OCCUR?
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.) While At Not While	
Work LJ At Work	1960 to 177 ay 12 1972
22. I certify that (I) (this hospital) attended the deceased fram	
That (I) (are) 1931 30W THE BECEGSES STIVE OIL	1972 and that in (my) (our) apinion death accurred an the date
and haur and fram the causes stated above. (1) (We) (did) (did nat)	
23A. SIGNATURE	anding Med. Stoff Stoff
mters et DEGREE Phy	s. Director Phys. U 1/2//2
23C. PHYSICIAN'S NAME (Type) STANLEY ANKELD IZ S M.D	1101 Maiden Choice La, Balto met.
24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY OF CR	
REMOVAL (Specify)	
Durial of 12 tourion Par	25C. FUNERAL DIRECTOR ROLLINOSLY MR.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Old Old The Donates
THE TO THE THEORY OF THE PARTY AND THE TO THE THEORY AND THE TO THE THEORY AND TH	TOTAL U. TO ALUTER I A PLANTER TOP! WILLIAM
VS 150-REV. 1/1/68	The state of the s



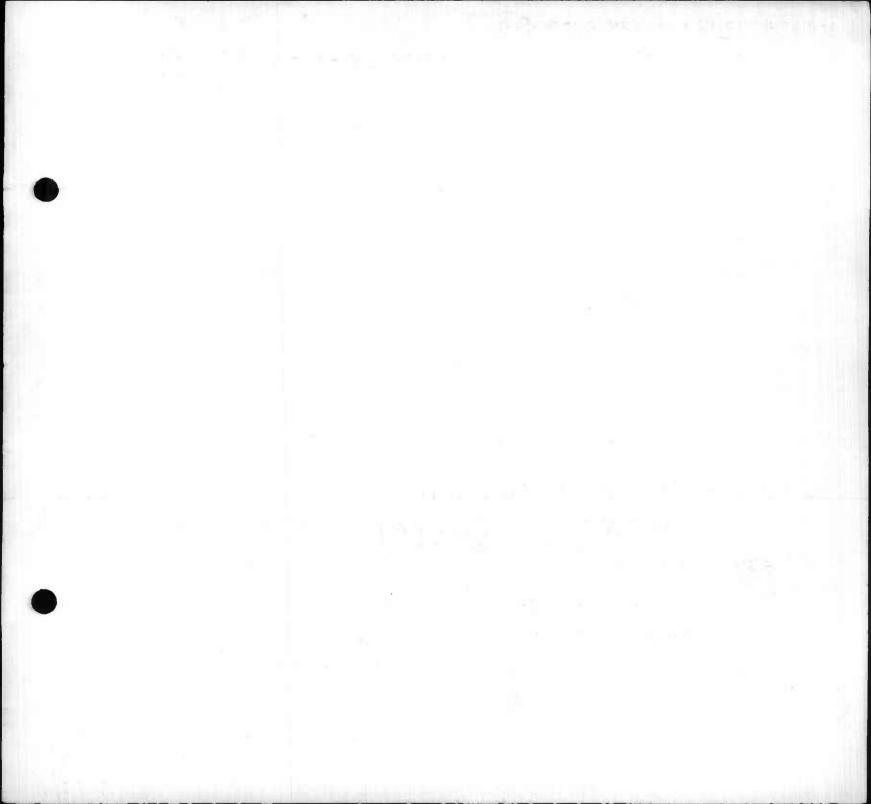
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	n a h	caus	use; (tenda	r to	3
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)	0000	ontril	Permir	regu	eased	is me
	death	t or c	Undel	ni sp	e dec	Sition
	ant if	direc	d; (4)	ath w	on th	1 disp
	dssist	if the	ny kin	ed de	dance	r fina
	or his	Also,	e of a	Iounce	attend	med o
	examiner or his assistant if death occurred in a hospital and	iner.) A fracture of any kind; (4) Undetermined cause; (5) Deceased	pron	regular attendance on the deceased prior to death. Such	mbali
	Maxe	xami) A fr	who	reg	are e

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CERT	ICI	CA	TE	OF	DEA	TIL
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REG. NO.	79	OGG16	
1120. 110.			

72 04616	BALTIMORE CITY	HEALTH DEPARTMENT		20 04040
BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO	72 U\$516
(Type or Print)		2. DATE A	NO HOUR OF DEATH	2 30
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	S DEAD	14. USUAL RESIDENCE (Wh	-10-72	nstitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR II HOSPITAL OR ADDRESS OR LOCATION)		Md.	NTY	assitution: residence before odmission)
INSTITUTION		C.CITY OR TOWN	D. INS	IDE CITY LIMITS?
LAKE DRIVE NURS. NO HO.	me.	BULTIMONE E. STREET AND NUMBER		YES NO
Baltimore, md. 2121	7	608 Washbur	V AVENUE	
5. SEX 6. RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	% AOE (in years lost birthday)	If Under 1 Yt. If Under 24 Hrs. Months Doys Hours Min.
	WED DIVORCED	8-20-1884	8 7	Monins Days Hours Min.
IOA. USUAL OCCUPATION (Give kind of work 10B. KIN done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stale or for	eign countryl	12. CITIZEN OF WHAT COUNTRY
HOUSewife		An IT more	MARILLANI	U.S. A
13. FATHER'S NAME	(SOCIAL SHEURITY)	BOLT, MOTE	ME	
MICHEAL Brown	219-50-9023	lebecca ? 7	Renzie	
15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) (If yes, give wor or dotes of serv	icel SECURITY NO.	17. INFORMANT	DAHLICE	ADDRESS
N6	WA261681	MITTONG. MA	c.s(son) 6.	08 WAShbURN AVE.
18.4/2.41	CAUSE OF DEATH	1		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	Messiv	e Pulmapar	Emboli.	BETWEEN ONSET AND DEATH
(This does not mean the mode of dving.	(A) IMMEDIATE CAU	SE A CONSEQUENCE OF:		***************************************
heart failure, asthenio, etc. It means the disc injury or complication which coused death.)	ose,	A STATE OF THE STA	- 11	4
ANTECEDENT CAUSES	Asev	D & Charrie	CHE=	flaces.
DISEASES OR CONDITIONS, if any, gi	ving (B)	A CONSEQUENCE OF:		
rise to the above cause (A) stating UNDERLYING CONDITION lost.	the (c) folal u	rituition + etacle	xia.	Bear
_				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTE	NG			
DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************	1004		***************************************
WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or N	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH Inchify medical examined	21B PLACE OF INJURY (e.g., in home, form, foctory, street, off etc.)	or about 21 C. WHERE DID INJURY OCCUR?	(if in Boltimor	e City, give exoct location)
OF INJURY IMonth) (Doy) (Year) IHous	21E INJURY OCCURRED	21 F. HOW DID IN.	URY OCCUR?	
(APPROX)	While At Not While	'		
22. I certify that (1) (this hospital) attend		-28	19 12 to 3	5-10 1972
that (1) (we) last sow the deceased alive		-4-7		nian deoth accurred on the dote
and hour and fram the causes stoted abov			in (m)/ (out/ opt	mon death accaded on the quie
23A. SIGNATURE	(.) (e) (ara) (ara nat) (i	an the body offer death.		23B DATE SIGNED
In Allrun	Pun Atter	Med. Director	Staff Phys.	5-10-72
23C. PHYSICIAN'S NAME (Type)	DEGREE	3D. ADDRESS		
HANCEUND F. ALBUET	ENE MO		S PATH Ale	a Burnie Md 21061
24A/RUPIALIC PEALATION 1248 DATE 104	C. NAME OF CEMETERY OF CRE			ly, fown, or county) (Stote)
EEWO AT (Specify)	1T-OLIVET		derick AV	
25AT DATE REC'D BY HEALTH DEPT. 1258. NA				
MAY 1 6 1972 168-16	ME OF REGISTRAR	GERNGB J. GA	NCE - HOOL	RiTchie Hichway
VS 150-REV. 1/1/68	top Total	0.00		11.01.11



72 04617 ond of death Deceased Such BIRTH NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH BERNARD (Type or Print) LO XXXXXXX B-DIETZ hospital death. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased fixed, It institution residence before admission) attendance A. STATE B. COUNTY etermined cause; (5) cause Baltimore FULL NAME OF HOSPITAL OR INSTITUTION MARYNAND (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN LANS DOWNE 0 D. INSIDE CITY LIMITS? 0 XXXXXXXXXXXXX YES prior contributing E. STREET AND NUMBER occurred 205 made regular 9. AGE (In years lost birthday) deceased NEVER MARRIED If Under 1 Yr. Months! Doys WIDOWED DIVORCED S IOA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY/17). BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition = done during most of warking life, even if retfred) Und OL Retired Meat Packer Armour Company Maryland Was Ö the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 3 Unknown assistant Unknown eath uo o kind; 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war ar dates of sorvice) 6. SOCIAL 17. INFORMANT or final SECURITY NO. attendance Ö No 219-01-2892A Mr. Henry E. Dietz. 212 Cheddington Rd any pronounced 1B. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY embalmed 90 LEADING TO DEATH fracture (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease, regular Injury or complication which caused death.) ANTECEDENT CAUSES who rhotured ancuns 910 DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF rise to the above cause (A) stating the hysician UNDERLYING CONDITION last remains medical burns; Was 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING prured anunism No physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL ō, DISEASE OR CONDITION GIVEN IN PART 1 (A) Body before the 19A-DATE OF OPERATION the 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 8 Russured Pmennis 10 alodominal Aorta 21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, farm, factory, street, office bldg., INJURY OCCUR? where (If In Boltimore City, give exact location) hospital MEDICAL DEATH Inotify medical examined any nature; obtained 21 D. TIME OF INJURY (Month) (Day) (Your) 9 (Hour) 21 & INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? approved (except Not While While At **IAPPROXJ** and Work At Work to the 22. I certify that (I) (this hospital) attended the deceased from 5710 pe that (1) (we) lost saw the deceased alive on, 11 ond that in (my) (our) opinion dooth occurred an the date death) hospital was released and have and from the causes stated above. (i) (We) (did) (did not) view the body after death. must accident 23A. SIGNATURE 23 B. DATE SIGNED Attending | 0 approval Phys. Director 0 23C. PHYSICIAN'S NAME (Type) prior 23D. ADDRESS at 730. Ash burton DUNGRE 24A. BURIAL CREMATION, 24B. DATE deceased 24C. NAME of CEMETERY OF CREMATORY the body D.0 24D. LOCATION (City, town, or county) REMOVAL (Specify) written shows: 5-13-1972 Lakeview Cemetery Carroll County, Maryland SD 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR Howard H. Hubbard, 4107 Wilkens Ave. 21229 VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT			
CERTIFICATE OF DEATH	7	REG. NO	72 04617

NOL

Hours

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

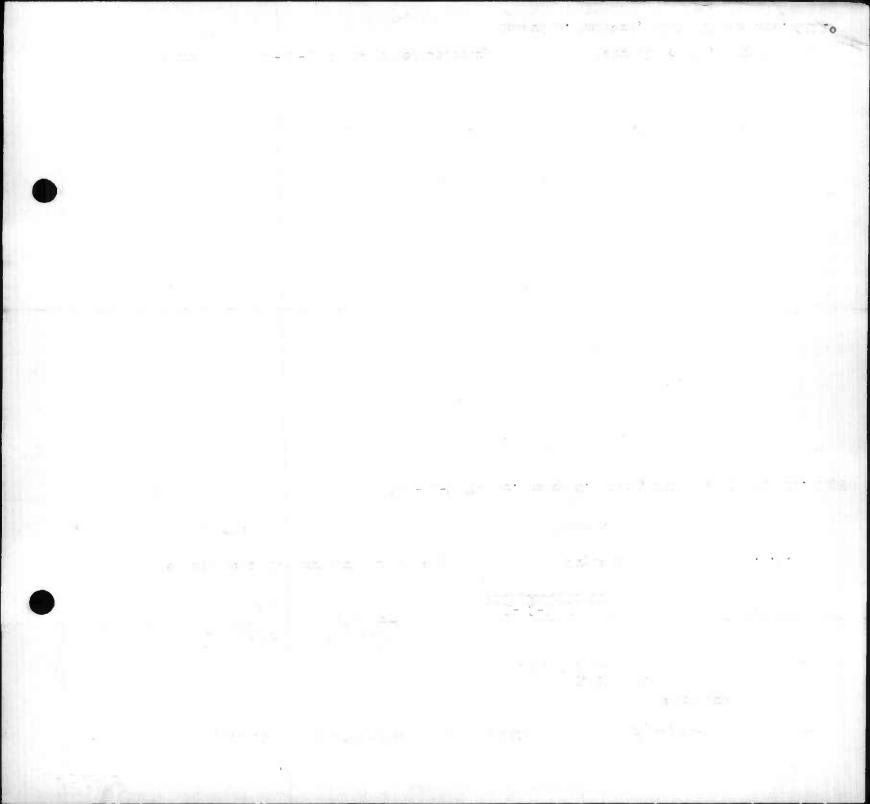
12:50 Am to 1:00 Am

(Stote)

U.S.A.

ADDRESS

If Under 24 Hrs.



IMPORTANT FUNERAL DIRECTOR:

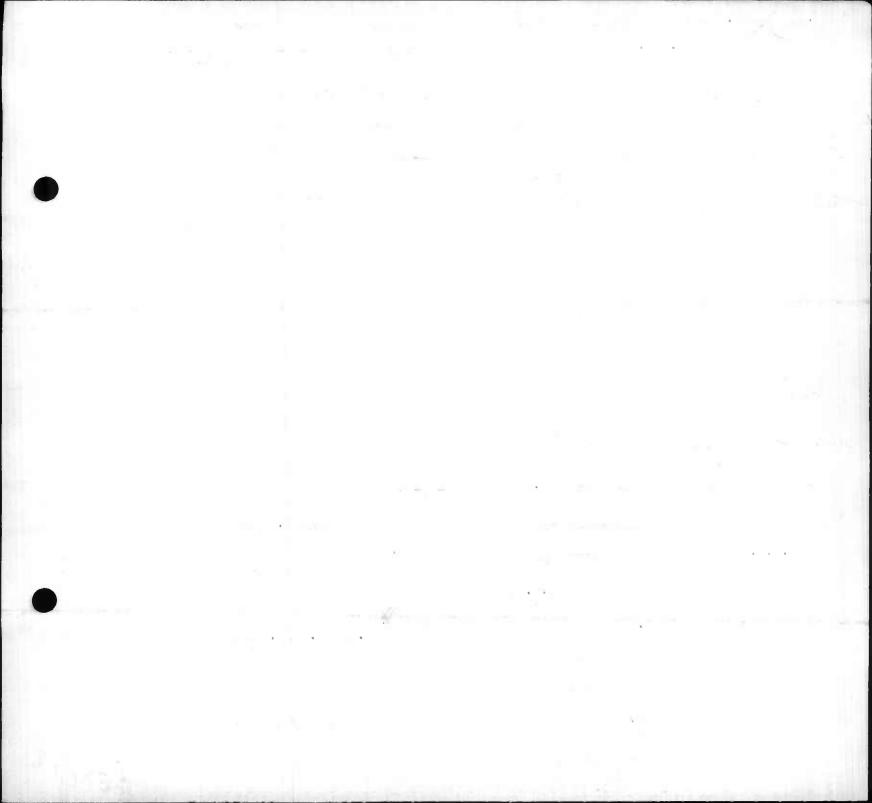
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such, written approval must be obtained before the remains are embalmed or final disposition is made.

		_		_	-	
BALTIM	ORE C	ITY H	EALTH	DEPA	RTM	ENT

01010

CERTIFICATE OF DEATH	REG. NO. 72	
CERTIFICATE OF DEATH		1070

BIRTH NO. 72 U4018 CERTIFI	CATE OF DEATH REG. NO.
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
Jourse Ann Bradlan	May 12 1072
3. PLACE IN BALTIMORE, MARTLAND, WHERE FRONOUNCED DEAD	M. 12. 1972 M. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET INSTITUTION	A. STATE & COUNTY
4-3	Baltimore YES NO
South D. L. C. II	E. STREET AND NUMBER
South Balto. Gen. Hosp.	1611 Light St.
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	
F WIDOWED DIVORCED	lost birthday Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDU	
done during most at warking life, even if retired)	12. CITIZEN OF WHA! COUNTRY?
22 PATIENDA MAAA	Maryland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William A. Cookson. 15. Wos Deceosed Ever in U. S. Armed Forces? 16. SOCIAL	Vera Larrimore
SECURITY NO.	ADDRESS.
no 212-32-700	19 Mr. Thomas Bradley Husband same
18. 5 7 / O I CAUSE OF D	
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH	CAUSE CIPPLANIS LIVER 34RS,
(A)MMEDIALE (A) MMEDIALE (B) OF THE TOP OF THE	CAUSE CIPPLY (5 LIVER BYRS) RAS A CONSEQUENCE OF: Lung (c alcolulis 34)
ANTECEDENT CAUSES	La algebratani 3 mm
DISEASES OR CONDITIONS, if any, giving (B) DUE TO, O	R AS A CONSEQUENCE OF:
ise to the above cause (A) stating the UNDERLYING CONDITION last. (C)	A A CONSEQUENCE OF:
11	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994. DATE OF OPERATION WAS PERFORMED 214. ACCIDENT WAS UNDERLYING TO THE PLACE OF INJURY (A)	***************************************
19A- DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A AUTOPSY? (Yes of No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTENTINO CALLER OF	age in or obout 21 C. WHERE DID (If In Baltimore City, give exact location)
DEATH (notify medical examiner) harms, factory, stree	diffice bidg. INJURY OCCUR?
DEATH (notify medical examined) 21D.TIME (Manih) (Day) (Year) (Haud) 21E. INJURY OCCURRED William, farm, factory, streeted.	21F. HOW DID INJURY OCCUR?
[[APPROX] [vinia vi [] [ivoi]	While -
Work L At W	Vork U
22. I certify that (1) (this hospital) attended the deceased from	3/140/19 to 19/
that (I) (we) last saw the deceased alive on	19) and that In(my) (our) apinion death accurred an the date
and hour and from the causes stated above. (1) (Wet (1881) (did no	t) view the body after death. I men & Rogeres 1 /2
23A. SIGNATURE	Das DATE SIGNED
1/4111	Attending Med. Director Stoff 5/13/77
23C-PHYSICIAN'S NAME (Type)	Phys. Director Phys. 5/3/72/66
NAME (Type) E.S. EIII	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
24A BUDIAL CREATION IN DAY	see Bolton Will
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF	CREMATORY 24D, LOCATION (City, lown, or county)/ (State)
Burial 5-16-72 (edan Hill	Balto. Md. 21240
MAY 16 1972 COLUMN SER NAME OF REGISTRAR	25C, FUNERAL DIRECTOR ADDRESS
	McCully Funeral Home 130 E. Font Ave.
VS 150-REV. 1/1/68	



VS 150-REV. 1/1/68

a hospital and

72 04619		TE OF DEATH	REG. NO	72 04619
1. NAME OF DECEASED WILBURR	LONG.	2. DATE A	HOUR OF DEATH	+ 135
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	CED DEAD	1445	ere deceosed lived. If ins	stitution: residence before admission
FULL NAME OF HOSPITAL OR INSTITUT ADDRESS OR LOCATION) ADDRESS OR LOCATION)	ION, GIVE STREET	C. CITY OR TOWN Spars	21219	5 50
Md. GENERAL	Hosp.	BAL TO E. STREET AND NUMBER	TO TO THE MENT	YES NO E
Maryland General Hospital		Box 840	O, Rte	10
WIDOWED	NEVER MARRIED DIVORCED	3/15/15	9. AGE (In years lost birthdoy)	If Under 1 Yr. II Under 24 Hr Months Deys Hours Min.
OA. USUAL OCCUPATION (Give kind of work 108, KIND OF 8 lone during most of working life, even if retired) Retired	USINESS OR INDUSTRY	11. BIRTHY LA CE (Stote or lore	igo county)	12. CITIZEN OF WHAT COUNTS
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
Martin Long		Elizabeth	?	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (II yes, give wor or doles of service) No	6. SOCIAL SECURITY NO. 219-10-6108	17. INFORMANT LANKA L	onG, wif	ADDRESS Laure
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., heoit loiture, osthenio, etc., it meons the disease, injury or complication which coused deoth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, it ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost.	Progr	Respirate A CONSEQUENCE OF: CHANGE WELLS A CONSEQUENCE OF:	by fail clubary	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA: WEGGING GEORGE THE CONTROL OF THE
DISEASE OR CONDITION GIVEN IN PART I (A).	ICH OPERATION	20A. AUTOPSY? (Yes of No	208. IF YES, WERE FI	NDINGS CONSIDERED
WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 1 21B. PL		NO	IN CERTIFYING CAU	
OR CONTRIBUTINO CAUSE OF home, etc.)	larm, lactory, street, oil	or obout 21 C. WHERE DID	(II In Boltimore	City, give exect location)
21D-TIME (Month) (Doyl (Yeorl (Hour) 21E IN OF INJURY While (APPROX.)	At Not White	21F. HOW DID INJ	URY OCCUR?	/
22. I certify that (1) (this hospital) attended the		5/1	19 7 2 to	5/9 1072
ond hour and from the couses stated above. (1)			ot in(my) (our) opini	on death occurred on the do
23A. SIGNATURE N. Marridg		. \ /	Shaff Phys.	23B. DATE SIGNED /
23C. PHYSICIAM'S A. N. MANE (Type) A. N. MANE	A C O LEE	3D. ADDRESS /// S7	Paul	Sheet
TYPING A MT (3DOCIIA)	Stanislaus (nore, Maryland
MAY 16 1972 John E John AME OF		25C. FUNERAL DIRECTOR		ADDRESS ve. Dundalk, Md.

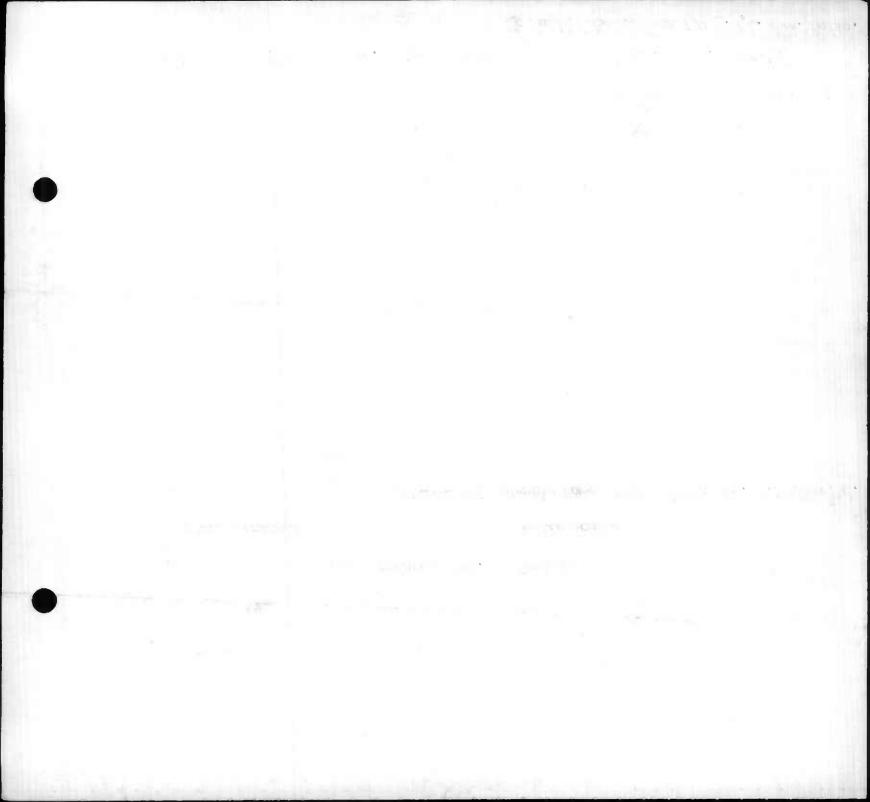
M W 312.2 M9

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and IMPORTANT FUNERAL DIRECTOR:

	mn 04000		TY HEALTH DEPARTMENT	72 04620
BIRTH NO.	72 04620	CERTIFIC	ATE OF DEATH TREG. NO	
1. NAME OF DECE (Type or Print)			2. DATE AND HOUR OF DE	ATH
2 PLACE IN BALT	Louise.	Peterman	5-10-72	10:A5 A
3. PLACE IN BALL	IMORE MARTLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE I Whore deceased lived. A. STATE B. COUNTY	and the same of th
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOCA	L OR INSTITUTION, GIVE STREET	MD, BALTMORE	5 30
NOITUTITON	ADDRESS OF LOCA	non,		INSIDE CITY LIMITS?
20			E. STREET AND NUMBER	YES NO
9/	Mercy	Hospital Inc.	RT 10 BOX 353 BA	LIMORESMA
S. SEX	CAU.	WIDOWED NEVER MARRIED DIVORCED	8. DATE OF BIRTH 9/13/189/ lost birthdoy	Il Under 1 Yr. If Under 24 H. Months Doys Hours Min.
		IOR KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNT
CUSTOPIA	rorking life, even if retired)	TRUCK MF9	PHILA. PA	U.S. A
13. FATHER'S NAM		/.	14. MOTHER'S MAIDEN NAME	3.71
MORI	173 REHR		MARY CUNKNO	(nn)
5. Was Deceased (Yes, no or unknown)	Ever in U. S. Armed Forc (If yes, give war ar dates	of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No		205-16-4625	- MRS. ALBERT TIKEPSON,	SPARROWS PONT, MO
18. /-/	7 7 1	CAUSE OF DEA		APPROXIMATE INTERVAL
DISEASE	OR CONDITION DIR	CTLY	^	BETWEEN ONSET AND GEA
L	EADING TO DEATH	(A)IMMEDIATE C	AUSE GANGREHOUS INTES	TINE 2 DAYS
IThis does no	t mean the mode of	dying, e.g., DUETO OR A	S A CONSEQUENCE OF:	
	isthenia, etc. It means dication which caused	rie disease,		
A	NTECEDENT CAUSES	_	NESTINA ADHESIONS	Charrie
DISEASES OF	CONDITIONS, if a	By giving DUE TO, OR	AS A CONSEQUENCE OF:	- Coconc
rise to the	above cause (A) CONDITION last	stating the		1000
ONDEKLING	CONDITION Idet.	(c)		
E TO THE DEATH	II CANT CONDITIONS CON BUT NOT RELATED TO TH	E TERMINAL	ASCUD,	chranic.
U TOA. DATE OF	NDITION GIVEN IN PART	1 (A).	20A. AUTOPSYT (Yes of No.) 20B. IF YES. W.	ERE FINDINGS CONSIDERED
1	WAS PERFO	RMED		CAUSES OF DEATH?
21A. ACCIDENT OR CONTRIBUT DEATH Inchie	WAS UNDERLYING THE	218 PLACE OF INJURY (e.g. hame, farm, foctory, street, etc.)		timore City, give exact location)
21D.TIME	(Month) (Doy) (Year)	(Houd 215 INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY		While At Not Wi		
		Work L At Wor		
		attended the deceased fram	5-9 19 72 to	5-10 19 72
that (1) (we) 1	ast saw the deceased	olive on 5-10	19 72 and that In (our)	opinian death occurred on the de
and hour and	from the causes state	d above, (1) (We) (did) (212 (20)	view the bady after death.	
23A. SIGNATUA				238. DATE SIGNED
1	Juny Xu	1 01	tending Med. Stoff Phys.	5-10-72
23C. PHYSICIAN NAME (Typ	rk ()	DEGREE FT	23D. ADDRESS	7 -0 12
NAME (Typ	fel			timono Md
24A. BURIAL CREM	ATION, 248. DATE	DEGREE OF CENTERS C		
REMOVAL ISP	ecilyl	MT. OLIVE CEMETERY of C	REMATORY 24D. LOCATION	(State)
Removal & Bu			ABBOHSTOWA	, YORK Co, P.D.
25A, DATE REC'D		SE NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
MAY 1 R	1972 7.6	E TELEMENT	JOHN H. HARKINS	Delta Penna
VS 150-REV. 1/1/68	3		30 5	

· 英国人的发展中央指挥是一句。2.111.10·1 NOT BUILDING SHIPS AND

	72 04621 CEPTIFICA	THEALTH DEPARTMENT REG. NO. 72 04621					
	1. NAME OF DECEASED	2, DATE AND HOUR OF DEATH					
	(Type of PANT) ARTHUR CANTRELL	May 12 1972 1:30 Pm.					
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) A. STATE B. COUNTY					
2	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?					
	South Baltimore General Hospital	E. STREET AND NUMBER 1529 - Ridgley St.					
	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs.					
	WIDOWED DIVORCED	3/2/1900 lost birthdoy) Months Doys Hours Min.					
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
	Construction worker City Employee Ret.	Kentucky USA					
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
	Frank Cantrell	Mollie Scaggs					
	IS. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service) No. 289-05-8955	17. INFORMANT ADDRESS					
	No 289-05-8955	Blanche Rowe 3122 Wilkers Ave. Baltimore, Md.					
	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	BETWEEN ONSET AND DEATH					
	(This does not meen the mode of dying, e.g., heart failure, asthenia, etc. Il means the disease, injury or complication which caused death.) (A) IMMEDIATE CAUSE CONGRESSIVE Pulmonary (A) IMMEDIATE CAUSE CONGRESSIVE Pulmonary (DUE TO, OR AS A CONSEQUENCE OF: DISEASE Congressive heart failure						
	AMPROPORTING CAMPAGE CO.						
	DISEASES OR CONDITIONS, if any, giving (8) DUE TO, OR AS A CONSEQUENCE OF:						
	ise to the above cause (A) stoling the UNDERLYING CONDITION last. (C)						
I	, II						
	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING I TO THE DEATH BUT NOT RELATED TO THE TERMINAL ODISEASE OR CONDITION GIVEN IN PART 1 (A).						
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION WAS PERFORMED	20A AUTOPSY? (Yes or No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of DEATH (notify medical examiner)	n or obout 21 C. WHERE DID (If In Boltimore City, give exect locotion) fice bidg., INJURY OCCUR?					
	21D. TIME (Month) (Doy) (Year) (Hous) 21E INJURY OCCURRED While At Not While At Work	21F. HOW DID INJURY OCCUR?					
		May 10 1072 1 may 12 1072					
H	that (1) (we) last saw the deceased alive on May 12	19 72 and that in (my) (our) apinian death occurred an the date					
	and have and from the causes stated above. (1) (We) (did) (did not) v	lew the bady after death.					
	23A. SIGNATURE JULY Josh off, M. D. Atter	nding Med. Staff May 12, 1972					
	23C. PHYSICIAN'S NAME (Type) JULIT G. TOSHEFF, M.D.	ANDRESS Med. Director Phys. D 123B. DATE SIGNED 124B. DATE SIGNED 125B. DATE SIGNED					
	AA. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CRE	MAIORY (City, fown, or county) (Slote)					
	Burial 5/16/72 Mt. Olivet Cemet	ery Baltimore (ity, Maryland					
	MAY 1 6 1972 See C. Jack A. D. D. C. Jack A. D. D. C. Jack A. D. C. Jack A. D. D. D. C. Jack A. D.	Baltimore City, Maryland 25G. FUNERAL DIRECTOR Mc Colly Funeral Home 130 E. Ft. Ave. Balto.					
IF	'S 150-REV. 1/1/68	The Casal Latination of Control of Control					



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BALTIMORE CITY HEALTH DEPARTMENT 04622 CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? YES T NO 4 E. STREET AND NUMBER made. 5. SEX 6. RACE 7. MARRIED 9. AGE (In years NEVER MARRIED If Under 1 Yr. Il Under 24 Hrs. lost birthday Hours WIDOWED DIVORCED S 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stale or foreign country) isposition 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown! (If yes, give wor or dates of service) 0 6. SOCIAL final ADDRESS SECURITY NO. OF CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embaimed LEADING TO DEATH (A) IMMEDIATE CAUSE IThis does not mean the mode of dying, e.g., DUE TO. OR AS A CONSEQUENCE OF: heart failure, asthenio, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if any, DUE TO, OR AS A CONSEQUENCE OF: rise to the above couse (A) stoting the remains UNDERLYING CONDITION lost 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) the 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED Pore 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, fociory, street, affice bidg., INJURY OCCUR? (If In Boltimore City, give exoci location) MEDICAL bei DEATH (notify medical examined obtained 21 D. TIME (Month! (Doyl (Year (Hous 21 & INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) Work At Work 22. I certify that (1) (this hospital) attended the deceased from that (1) (we) Tast saw the deceased alive an. pe 6 MH4 and that in (my) (our) apinian death occurred an the dote and haur and from the causes stated above. (1) (We) (did) (did not) view the bady after death. must 23A. SIGNATURE 23B, DATE SIGNED Attending [approval Director L Phys. DEGREE 23C. PHYSICIAN'S 23D. ADDRESS deceased written ap 24A. BURIAL CREMATION. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) (State) 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR VS 150-REV. 1/1/68

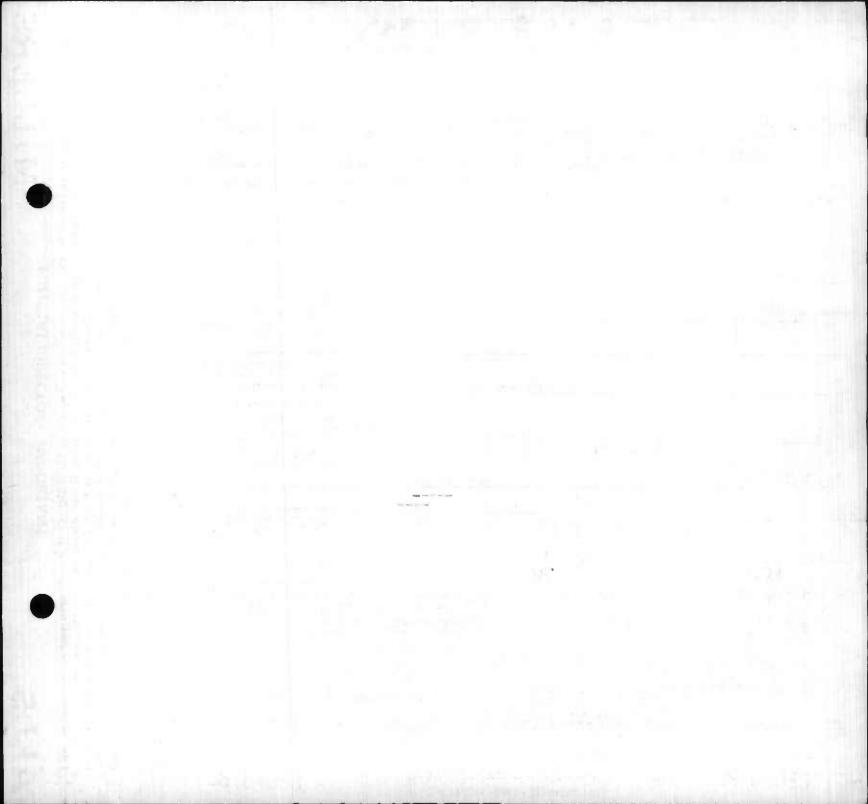
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FUNERAL DIRECTOR: IMPORTANT

pital and of death of Deceased Such on the death. ance or contributing cause (4) Undetermined cause; (5) attend 0 prior is made. regular deceased disposition death = MOS the death 0 or final attendance fracture of any pronounced embalmed chief medical examiner regular who are 3 = physician before the remains No physician was medical (2) Body burns; the O where to the hospital any nature; approved by obtained 9 (except and pe of eath) hospital the body was released must An accident G 0 written approval 0 prior 40 D.O.A. shows: (1) eceased MOS

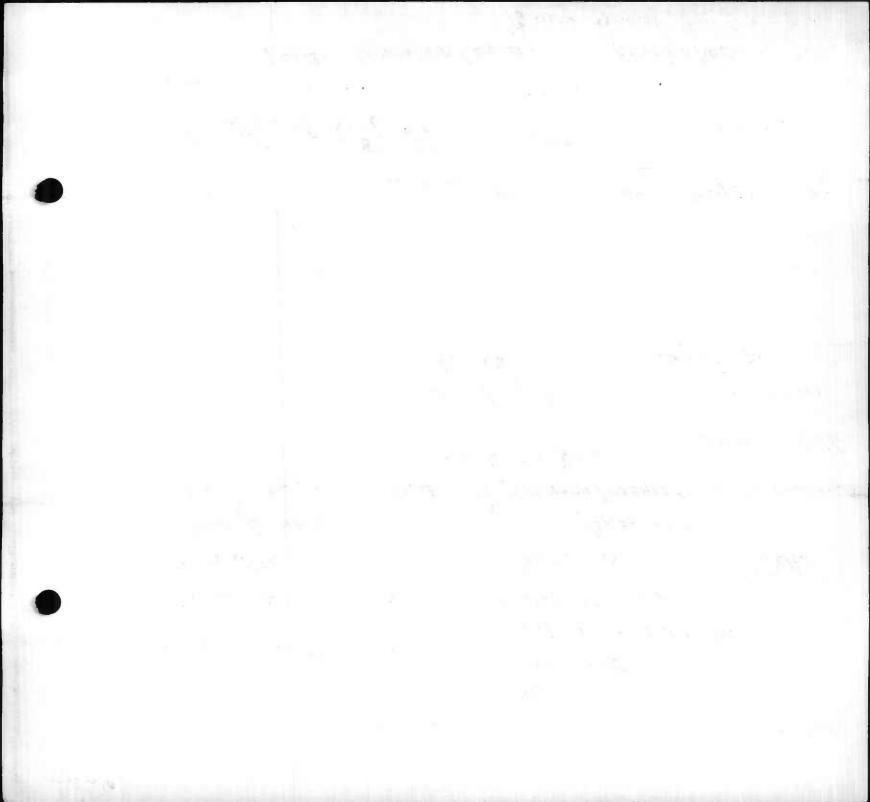
VS 150-REV, 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH BIRTH NO. 72-0 2. DATE AND HOUR OF DEATH (Type or Print) MORS 4. USUAL RESIDENCE (Where decebsed lived II institution: residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR INSTITUTION C. CITY OB TOWN D. INSIDE CITY LIMITS? ELI Baltimore General YES NO E. STREET AND NUMBER 5J SEX 6. RACE 9. AGE (In years & DATE OF BIRTH If Under 1 Ye, If Under 24 Hrs. MARRIED NEVER MARRIED Doys Hours WIDOWED DIVORCED 1-10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE ISlate of foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired) U SA 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME L. France mes 15. Was Decessed Ever in U. S. Armed Forces? (Yes, no or unknown) (iii yes, give war or dates of service) 6. SOCIAL SECURITY NO. har CAUSE OF DEATH APPROXIMATE INTERVAL 18. BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO, OR AS A CONSEQUENCE OF ANTECEDENT CAUSES DISEASES OR CONDITIONS, If any, giving DUE TO, OR AS A CONSEQUENCE OF: rise to the above cause (A) stating the UNDERLYING CONDITION lock CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART § (A). 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A-DATE OF OPERATION 119L CONDITION FOR WHICH OPERATION WAS PERFORMED 20A AUTOPSY? (Yes at No) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218 PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, farm, factory, street, office bldg., INJURY OCCUR? (II in Boltimore City, give exact location) MEDICAL DEATH (notify medical exemined 21 D. TIME (Month) (Day) (Year) (Houd 21 E INJURY OCCURRED 21f. HOW DID INJURY OCCUR? Not While OF INJURY White At (APPROX.) Work At Work 22. I certify that (1) (this hospital) ottended the deceased from ond that tn(my) (our) optnian death occurred an the date that (1) (we) last saw the deceased alive on and hour and from the causes stated above. (1) (We) (did) (did not) view the body ofter death. 23A. SIGNATURE 238. DATE SIGNED Attending [Staff Phys. Med. Director 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) DEGREE 24A. BURIAL CREMATION, 248, DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town occounty) (State) 258, NAME OF REGISTRAR REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR



	0.4004	BALTIMORE CITY	HEALTH DEPARTMENT		: O 04CD4
	72 04624 BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO	72 04624
ŀ	1. NAME OF DECEASED	<i>_</i>		ND HOUR OF DEATH	
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PROJ	ELSIE	5-/	0-72	8 Am. M. institution: residence before admission
	S. PLACE IN BALLIMORE, MARILAND, WHERE PRO	NOUNCED DEAD	A. STATE 8, COUN	TY deceased lived, If	institution: residence before admission)
	FULL NAME OF (IF NOT IN HOSPITAL OR INS	THTUTION, GIVE STREET	Mo		2102
d	INSTITUTION		C. CITY OR TOWN	_	YES X NO
1	Harbor View Nursin	ig + Conv.	E. STREET AND NUMBER		LES M NO .
		Center.		AMBURE	Si
	5. SEX 6. RACE 7. MARRIE	ED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years last birthday)	If Under 1 Yr. If Under 24 Hrs. Manths: Days Hours Min.
	Female W WIDOW 10A, USUAL OCCUPATION (Give kind of work 10B, KIND		DET27- 1890	812	
	done during most al working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
ı	13. FATHER'S NAME		BALTO, MA)	1. 1. J.A.
	13. FAIRER'S NAME		145 MOTHER'S MAIDEN NA	ME	
	JOHN S CHELL	1 6. SOCIAL	17. INFORMANT	EHURST.	
	15. Was Deceased Ever in U. S. Armed Farces? (Yes, na ar unknown) (If yes, giva wor or dates of service				ADDRESS
	118, AD MONE	2/9-30-5838 CAUSE OF DEATH	KENNETH FO	PREACKE.	
	DISEASE OR CONDITION DIRECTLY	Colonia	1. + 0 Il.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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	(This does not mean the made of dying, e, heart failure, asthenia, etc. It means the diseas	0	CONSEQUENCE OF:	**********	
	injury or camplication which caused death.)	0	1 0		
	ANTECEDENT CAUSES	(B) Decom	any america		Sweet mes
	DISEASES OR CONDITIONS, il any, givi rise la lhe above couse (A) stoling l	he de la	A CONSEQUENCE OF:	12. 0	
	UNDERLYING CONDITION last.	(c) 212 C 1	<u> </u>	ave	as pre-
11	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	G			
	TO THE DEATH BUT NOT RELATED TO THE TERMINA VECTOR OF CONDITION GIVEN IN PART 1 (A).	\L			***************************************
\parallel	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19R. CONDITION FO WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 12	R WHICH OPERATION	20A. AUTOPSY? (Yes at No		FINDINGS CONSIDERED
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	OR CONTRIBUTING CAUSE OF	nome, form, factory, street, of	ice bidg., INJURY OCCUR?	(II In Bollimo	ere City, give exact lacolian)
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	22. I certify that (I) (this hospital) attended	Work At Work)0:00	10/5	10 10
	that (I) (we) lost saw the deceased alive ar	44 4	10 and the	19 62 10 10 10	19/2
	and haur and from the couses stated obove.			or in(my) (dur) op	Inian deoth occurred an the data
	23A. SIGNATURE	A A A A A A A A A A A A A A A A A A A	ow the body direr death.		23B. DATE SIGNED
I	& Shworth (00)	1 Phus	Med.	Staff Phys.	5.10.725
	23CPHYSICIAN'S NAME (Type)	OFONEE	3D. ADDRESS	711722	3/0/2
	E LLISWORTH COOK M.D.	DEGREE	2431 Marylan	d Ave.	
	24A-BURIAD CREMATION, 248. DATE 24C.	NAME OF CEMETERY OF CREE			ily, tawn, ar county) (State)
	MAX1372 Le	DUDON PARK CEM	PETERY	FREDERICKI	RO. BALTO, M.D.
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAMI	E OF REGISTRAR	25C FUNERAL DIRECTOR	e noi	1216 ADORESS Karland
	WALLE DIE TREBETE CHILDREN	2 1 1 1	Malyal Sou	ineral Do	ne +5 manal

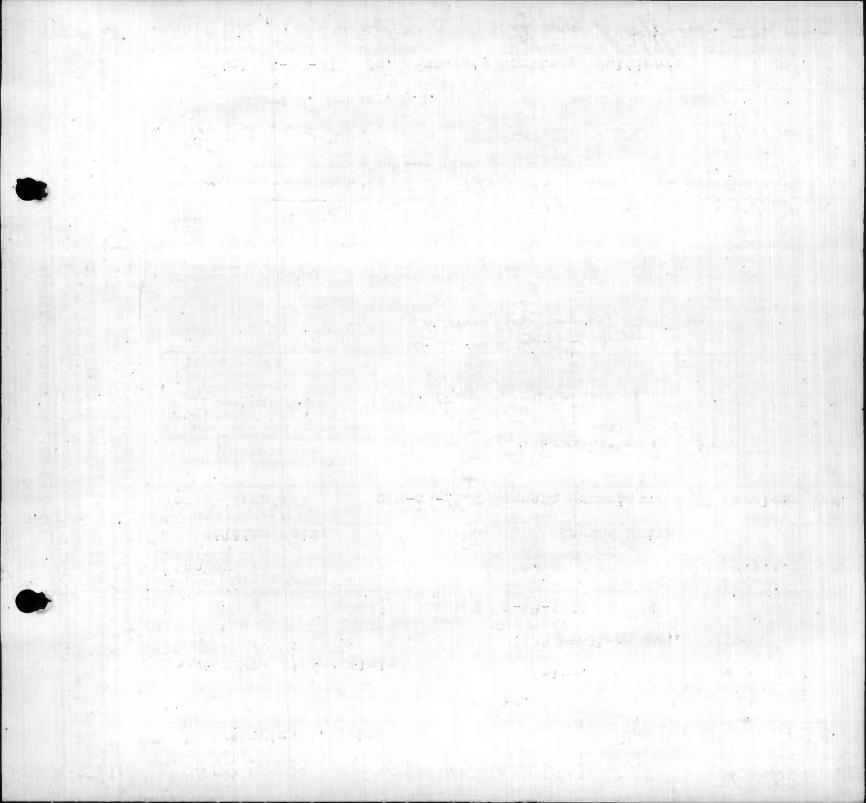
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	deat Und as in	112	Packer FATHER'S NAME						Md
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Z	PPEO	15. (Ye	Was Deceased Eve s,ng at unknown) (If	er in U. S. A	Armed Farc	es?	el 16	SOCIAL SECURITY NO	17. INFOR
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S.	SS		18. / / / 5	1 1				CAUSE OF DEA	ATH
IMPORTANT	2000		7/2	OR CONDI	TION DIE	ECTIV			
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FUNERAL DIRECTOR:	B		UNDERLYING C	ONDITION	last.			(c)	
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7	medical ledical burns; hysicia n was	ATION	OTHER SIGNIFICA					Ou to	1-1
2		AT	TO THE DEATH B	DITION GIV	EN IN PART	T 1 (A).		Chen Water	n o prej
H	chief y a n Body the p	CERTIFIC	19A. DATE OF OP	ERATION	19B. CONI	DITION FO	OR WHI	CH OPERATION	20 A.
5	Book the	ERT	0						
H	9 4 6 9		21A. ACCIDENT	WAS UNDE	RLYING [21 B. PL, home,	ACE OF INJURY (a.g farm, foctary, straat,	offica bldg.,
	re; (whe No	CAL	DEATH (notify me	dicol exomi	ner)		etc.)		
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	spital leath)		and have and fr	am the cau	ses stat	ed abave	. (1) (1	(did) (dld nat)	view the
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	released accident a haspit r ta dea		Miller	nn	1.11	/		A	Hending
	0 0 0 0		23C. PHYSICIAN'S		radley			DEGREE	23D. ADD
	An a An a priar		NAME (Typo)		B	Brodi	035	Nº D	1
	certificate must be sady was released rs: (1) An accident D.O.A. at a haspit ased priar ta deat ten appraval must		The second secon					DEGR	EE
	certificady s: (1) D.O. ased	247	REMOVAL (Spec	(ify)				E of CEMETERY of C	74.0
	cert bady ws: (1 D.O basec		Buria	11 5-	-16-7	2	St.	Matthew'	s Cem
	2 × 2 0 ±	25/	A DATE REC'D BY	HEALTH D	EPT	258 NAM	LE OF	PEGISTRAP	1250

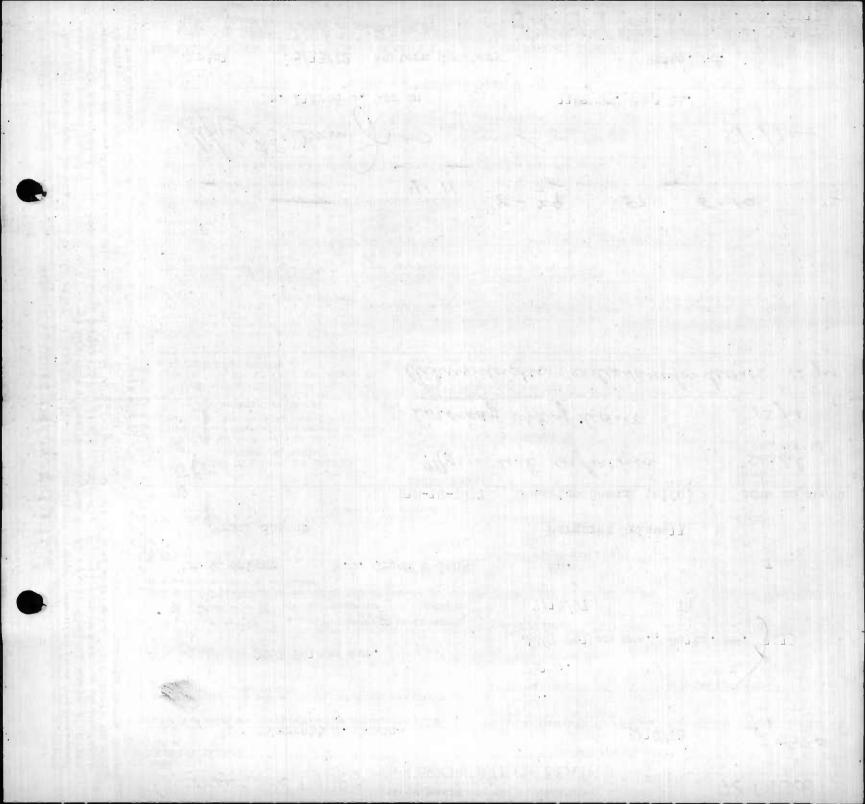
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DEPARTMENT REG. NO. F DEATH 2. DATE AND HOUR OF DEATH May 12, 1972 | 5:40 P. M. RESIDENCE (Where deceased lived. If institution: rasidance before admission) OR TOWN D. INSIDE CITY LIMITS? Balto. YES NO T AND NUMBER 23 Marglenn Ave 21206 9. AGE (In years last birthday) If Under 1 Yı. If Under 24 Hrs. Manths Days Hours Min. OF BIRTH 4-1897 PLACE (State at laraign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A. HER'S MAIDEN NAME Bertha Smith MANT ADDRESS eth Burmeister 6123 Marglenn Ave. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH UTOPSY? (Yas at No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21C. WHERE DID (If In Boltimare City, give exact lacation) 21 F. HOW DID INJURY OCCUR? and that In(my) (aus) apinion death accurred an the date bady after death. 23B, DATE SIGNED Med. Phys. Director 1900 Belair Road 21206 24D. LOCATION (City, town, ar county) (State) etery Baltimore Md. UNERAL DIRECTOR ADDRESS 72 Robert E. Jaber M. 8) 3218 Hudson St



テモデンニン	F + 0 > 0 >	FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such written approval must be obtained before the remains are embalmed or final disposition is made.
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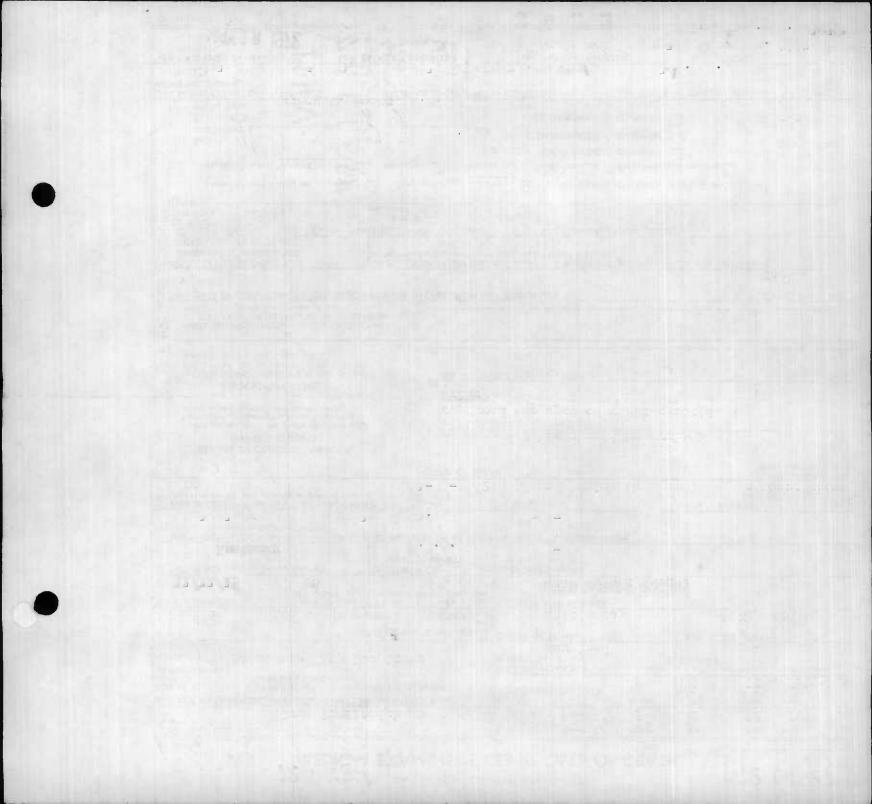
C 222 32 04000	BALTIMORE CITY	HEALTH DEPARTMENT		72 04626
S-200 72 04626	CERTIFICA	TE OF DEATH	REG. NO.	12 04020
1, NAME OF DECEASED		2. DATE AND	HOUR OF DEATH	2:45-0
Jarrett N. Shau			5/1.0/72	2.73 P M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOU		A. STATE B, COUNT	deceased lived. If ins Y	litution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION)	TION, GIVE STREET	C. CITY OR TOWN	ID INSI	DE CITY LIMITS?
INSTITUTION		Balto.	D. 11431	YES X NO
0 0 2867 Pelham Ave.		E. STREET AND NUMBER	Arro Donte	
S. SEX 6. RACE 7. MARRIED TO			AGE (In years	Md. 21213
MORNIED E	I IAEAEK WAKKIED		st birthdoyl	Months Doys Hours Min.
WIDOWED NO. USUAL OCCUPATION (Give kind of work 108, KIND OF		11 RIPTHPI A CE (State or foreign	74	12, CITIZEN OF WHAT COUNTRY?
done during mast af working tife, even if retired)			ii cooniiy,	12, CINZEN OF WHAT COUNTRY
truck driver H.E. Cr	rook & Son	Md.	E	-
Frank Shauck		Margaret	Criswell	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
no	216-10-7877	Beatrice Shar	ick (wife)	same as above
DISEASE OR CONDITION DIRECTLY	Myoca	ideal infarc	hon	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Signal
LEADING TO DEATH (This does not meen the made of dying, e.g.,	(A) IMMEDIATE CAU	SE /		hours
hearl foilure, asthenia, etc. 11 means the disease,		A CONSEQUENCE OF:	2.2	
injury or camplication which coused death,)	Coronai	y arky dise	SE	12 yes.
ANTECEDENT CAUSES	(B)	<i>V</i>		
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoting the UNDERLYING CONDITION last.	autenose	a consequence of: Lerodic Carcle	Vascular	dusase 12 yrs
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).				
198. CONDITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE F	INDINGS CONSIDERED ISES OF DEATH?
11 O 21A. ACCIDENT WAS UNDERLYING 1 1218, 1		or obout 21 C. WHERE DID	(If In Boltimore	City, give exoct focotion)
OR CONTRIBUTING CAUSE OF home	e, form, foctory, street, of	fice bldg., INJURY OCCUR?		
O 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E.	INJURY OCCURRED			
S OF INJURY		21F, HOW DID INJU	RY OCCUR?	
		21F. HOW DID INJU	RY OCCUR?	
(APPROX.) Work	e At Not While	• 🗆		
	Not While	8-29	57 10 4	5-10 1972,
(APPROX.) Work	Not While	8-29	57 10 4	19 72,
22. I certify that (I) (this hospital) ottended the that (I) (we) lost saw the deceased alive on	e At Not While At Work e deceased from.	8-29 19 19.72 ond tho	57 10 4	
22. I certify that (!) (this hospital) ottended the	e At Not While At Work e deceased from.	8-29 19 19.72 ond tho	57 10 4	
22. I certify that (I) (this hospital) ottended the thot (I) (we) lost saw the deceased alive on and hour and from the causes stated above. (I)	e At Not Whill At Work e deceased from	8-29 19 19.72 ond the lew the body ofter death.	t in(my) (ove) opin	ion death occurred on the date
(APPROX.) 22. I certify that (I) (this hospital) oftended the thot (I) (we) lost saw the deceosed olive on ond hour ond from the couses stoted above. (I) 23A. SIGNATURE	e deceased from. (We) (did) (did not) v	8 - 29 19 19 2 ond the lew the body ofter death. Med. Director P	57 10 4	ion death occurred on the date
(APPROX.) Work 22. I certify that (I) (this hospital) ottended the thot (I) (we) lost saw the deceased alive on and hour and from the causes stated above. (I) 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	e At Not Whill At Work e deceased from Y ~ // (We) (did) (did not) v DEGREE Physics	19 72 ond the lew the body ofter death. Med. Director F	t in(my) (ove) o pin	ion death occurred on the date
(APPROX.) Work 22. I certify that (i) (this hospital) ottended the thot (i) (we) lost saw the deceosed clive on ond hour ond from the couses stoted above. (i) 23A. SIGNATULE 23C. PHYSICIAN'S NAME (Type) Dr. Alfred G. O.	e At Not Whill At Work e deceased from Y ~ // (We) (did) (did not) v DEGREE Physics	19 72 ond the lew the body ofter death. Med. Director F	t in(my) (our) opin	238. DATE SIGNED 5/11/72
22. I certify that (I) (this hospital) ottended the thot (I) (we) lost saw the deceosed clive on ond hour and from the couses stated above. (I) 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) Dr. Alfred G. Og 24A. BURIAL CREMATION, 248. DATE 24C. NA. REMOVAL (Specify)	e deceased from. Y- // (We) (did) (did not) v DEGREE ME of CEMETERY or CRE	19 72 ond the lew the body ofter death. Med. Director F 23D. ADDRESS 1101 St.	t in(my) (eve) opin	238. DATE SIGNED 5/11/72 y, town, or county) (Stole)
22. I certify that (I) (this hospital) ottended the thot (I) (we) lost saw the deceosed clive on ond hour and from the couses stated above. (I) 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) Dr. Alfred G. Os 24A. BURIAL CREMATION, REMOVAL (Specify) Burial 5/13/72 Western	e deceased from. Y- // (We) (did) (did not) v DEGREE Physics DEGREE	19 72 ond the lew the body ofter death. Med. Director F 23D. ADDRESS 1101 St.	t in(my) (our) opin	238. DATE SIGNED 5/11/72 y, town, or county) (Stole)
22. I certify that (I) (this hospital) ottended the thot (I) (we) lost saw the deceosed clive on ond hour and from the couses stated above. (I) 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) Dr. Alfred G. Os 24A. BURIAL CREMATION, REMOVAL (Specify) Burial 5/13/72 Western	Not Whill Al Work e deceased from. Y- (We) (did) (did not) v DEGREE ME of CEMETERY or CRE estern Cemete:	Med. Director F MATORY 25C. FUNERAL DIRECTOR	of in(my) (our) opinion opinio	238, DATE SIGNED 5/11/72 y, town, or county) (Stole)



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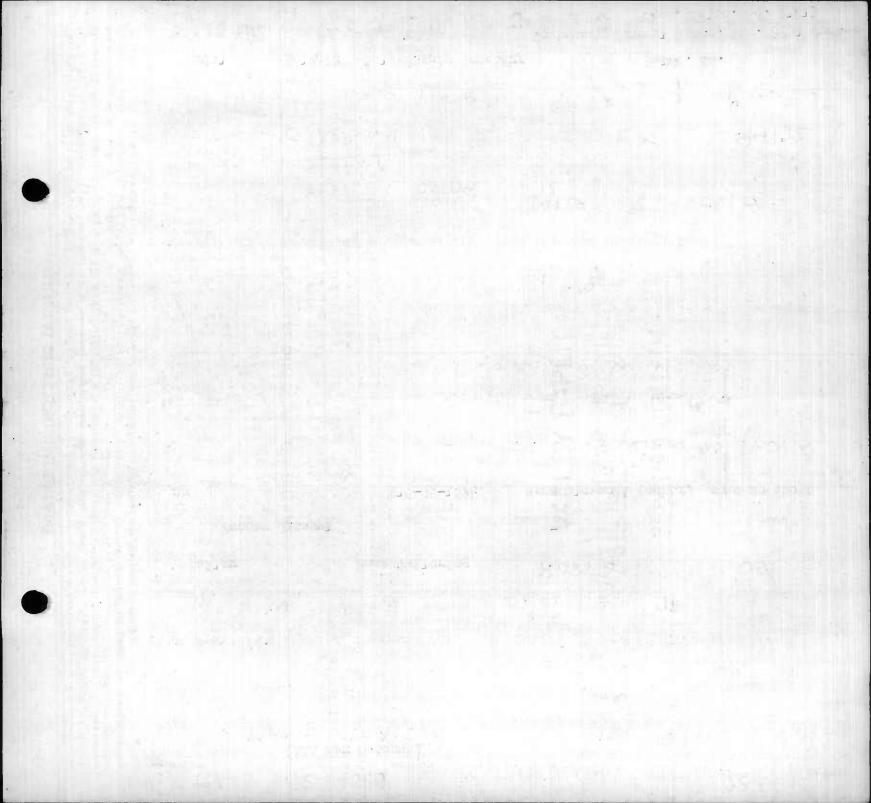
Schimunek Funeral Homes, Inc. 3331 Brehms

Lane Balto Md. 27273



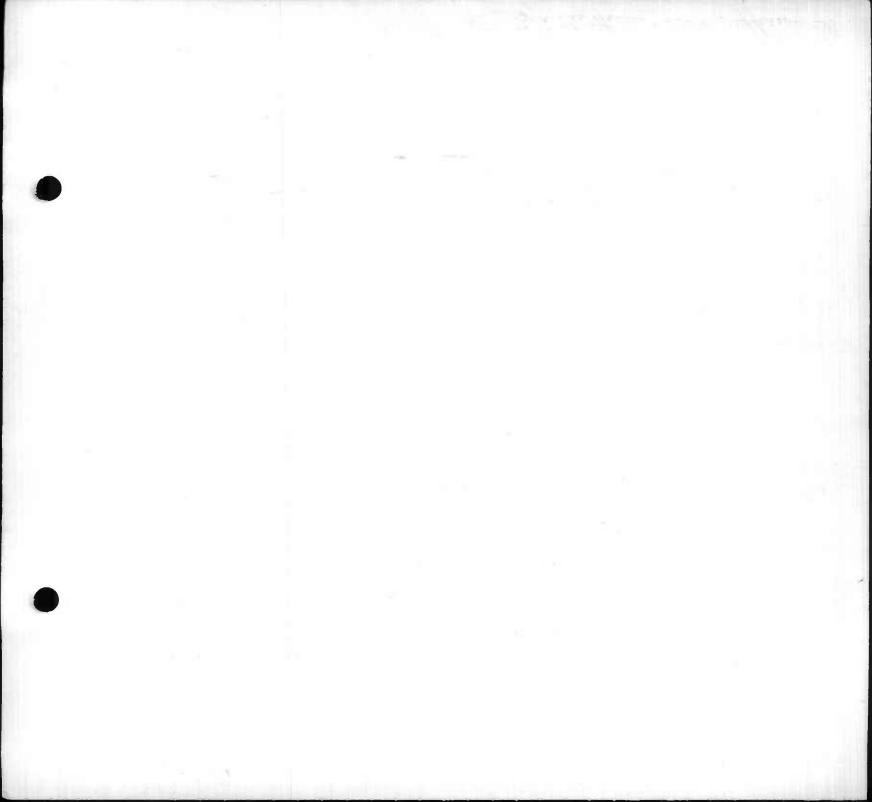
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

BALTIMO	RE CITY HEALTH DEPARTMENT 72 04628
-23/ 72 04628 CERTI	FICATE OF DEATH REG. NO.
I. NAME OF DECEASED (AKA Mar Ostamik)	2, DATE AND HOUR OF DEATH
(Type or Print) MAX OSTAPEUS	MN1 9 1970 1 2.11 A M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. II institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
44	CHACTIMORE YES M NO .
UNION MEMORIAL HOSPITA	E. STREET AND NUMBER AAOR FOREST VIEW W.
5. SEX 6. RACE 7. MARRIED NEVER MARR	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs.
WIDOWED	CED 07-29-1894 77
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR IN done during most of working life, even if retired)	IDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
tailor Haas Tailori	RUSSID USD
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Teodov Ostapuk 15. Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY No	0.
no 216-05-1	Join Condent Control Same as above
18. CAUSE O	F DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH (This does not mean the made of dying, e.g., (A) IMMED	HATE CAUSE (SIC) NOWS possible NOT MOVEM.
heart failure, asthenia, etc. II means the disease,	O, OR AS A CONSEQUENCE OF:
injury ar camplication which caused death.)	
ANTECEDENT CAUSES	on solve hear leighte
DISEASES OR CONDITIONS, if any, giving DUE TO	O, OR AS A CONSEQUENCE OF:
rise to the above cause (A) stating the UNDERLYING CONDITION last.	Myocardial marchin
(0)	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************
	DN 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATIC WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
OZIA. ACCIDENT WAS UNDERLYING 218. PLACE OF INJU home, form, foctory, etc.)	RY (e.g., in or obout 21 C. WHERE DID street, office bldg., INJURY OCCUR?
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCUR	RRED 21F. HOW DID INJURY OCCUR?
While At	Not While
Work —	At Work
22. I certify that (i) (this haspital) attended the deceased from	am 04/19/12 to 01/09/19/17,
that (1) (we) last saw the deceased alive an 23 (2	19 and that in (my) (aur) apinian death occurred an the date
and haur and fram the causes stated abave. (1) (We) (dld) (di	d nat) view the bady after death.
23A. SIGNATURE	23B. DATE SIGNED
00.M1	Attending Med. Shaff Staff Sta
23C. PHYSICIAN'S	23D. ADDRESS
NAME (Type)	1) to to the second second
24A. BURIAL CREMATION, REMOVAL (Specify)	RY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote)
Burial 5/12/72 Holy Rosary	Cemetery Balto. Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
MAY 18 1972 Valent E. Jange, M. D.	Schimunek Funeral Homes, Inc. 3331 Brehms
VS 150-REV- 1/1/68	Lane, Balto, Md 27272



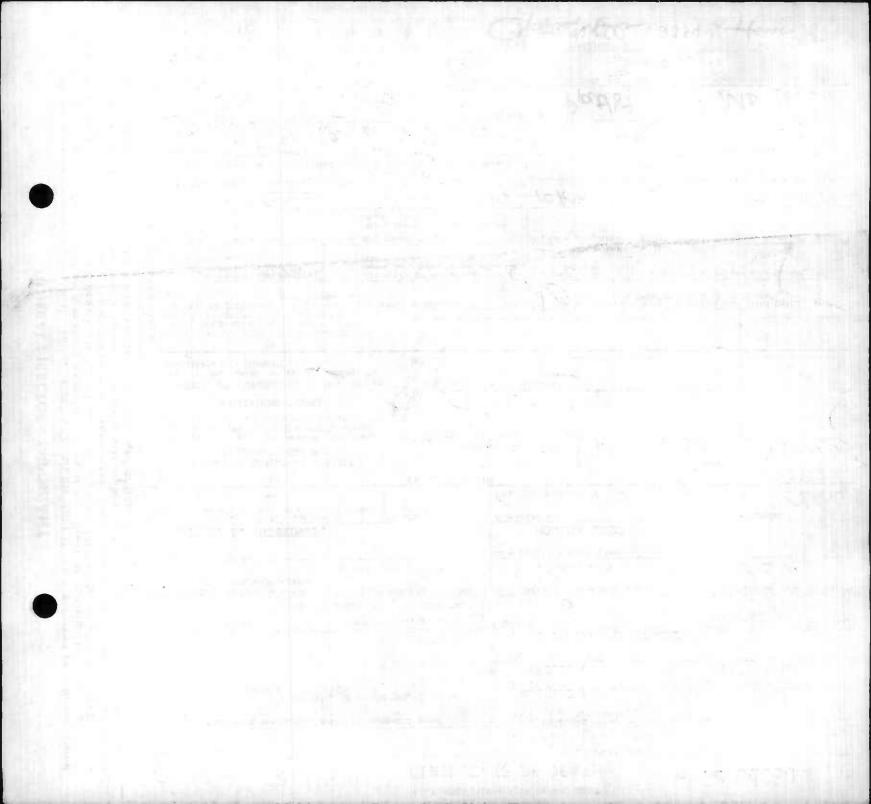
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the

C	-640	72 0	4629	BALTIMORE CITY CERTIFICA			REG. NO	72	04629
1. NAN (Type o	AE OF DECEASED		6	2			AND HOUR OF DEAT	H	940
	NAME OF (I	E MARYLAND, W	AL OR INSTIT	UN CED DEAD	A. STATE	EYLANI)	institution: re	sidence before admission
6	^	VRSING A	fome		1 2	IMOR)		YES 📉	NO 🗌
5. SEX	F 6. RA	W	7- MARRIED WIDOWED	DIVORCED	8. DATE OF BI	882	9. AGE (In years lost birthday)	Il Under Months	1 Yr. II Under 24 H Doys Hours Min.
done du	LAUNDRE	life, even if refired)		BUSINESS OR INDUSTRY	1 //	E (State or lo	reign countryl		EN OF WHAT COUNT
laca in-		UKNOWN			14. MOTHER'S		INKNOWN		
15. Wos (Yes, no	Deceased Ever in or unknown) (If yes	U. S. Armed Fore	es? s of service)	16. SOCIAL SECURITY NO. 215-18-6160 A	Bev. Ca	hen And	door - 4141	V loza	ERNE AVE.
18. (Th	LEADI	CONDITION DIR NG TO DEATH on the mode of	dying, e.g.,	(A) IMMEDIATE CAL	Ar	indu	ti Henry	Dearing	APPROXIMATE INTERVAL ETWEEN ONSET AND DEA
DIS	OTY OF COMPLICATION ANTEC SEASES OR CO	io, elc. Il means on which caused EDENT CAUSES INDITIONS, if a ve cause (A)	death.)	(B) Cenarly	a CONSEQUEN	inle		2	}
NO TO	THE DEATH BUT I	II CONDITIONS CON NOT RELATED TO TH	E TERMINAL 1 (A). DITION FOR V	Parlament I	Drain /	Removed of N	Unit Trest of	-	CONSIDERED FATH?
U 21A OR	ACCIDENT WA CONTRIBUTING	S UNDERLYING [] CAUSE OF I exomined	21 B. hom etc.J	PLACE OF INJURY (e.g., in e, form, foctory, street, of	or obout 21 C. Wince bidg.	VHERE DID			exoct location)
21D	TIME (Month INJURY PROX)	Doyl (Year)		INJURY OCCURRED Not While k At Work	21F. H	OW DID IN	JURY OCCUR?		
that	t (1) (444) last s	aw the deceased	alive on	e deceased from 5//2	1976	ond th	19 <u>2</u> ta hat In(my) (cor) ap	Inian death	occurred on the day
23A.	SIGNATURE PHYSICIAN'S	- 6 B	olley	DEGREE Phys	nding N	ofter deoth.	Shaff Phys.	23B, DATE	SIGNED 14/72
24A. BU	RIAL CREMATION	N, 24B, DATE 5-/7-9	- 0.4	ME OI CEMETERY OF CRE		24D, L		ity, town, ar	countyl (Stotel
25A. DA	MAY 18 18 REV. 1/1/68	ALTH DEPT.	25B NAME O		25C. FONEM	AL DIRECTOI	SALTO.,/		person St



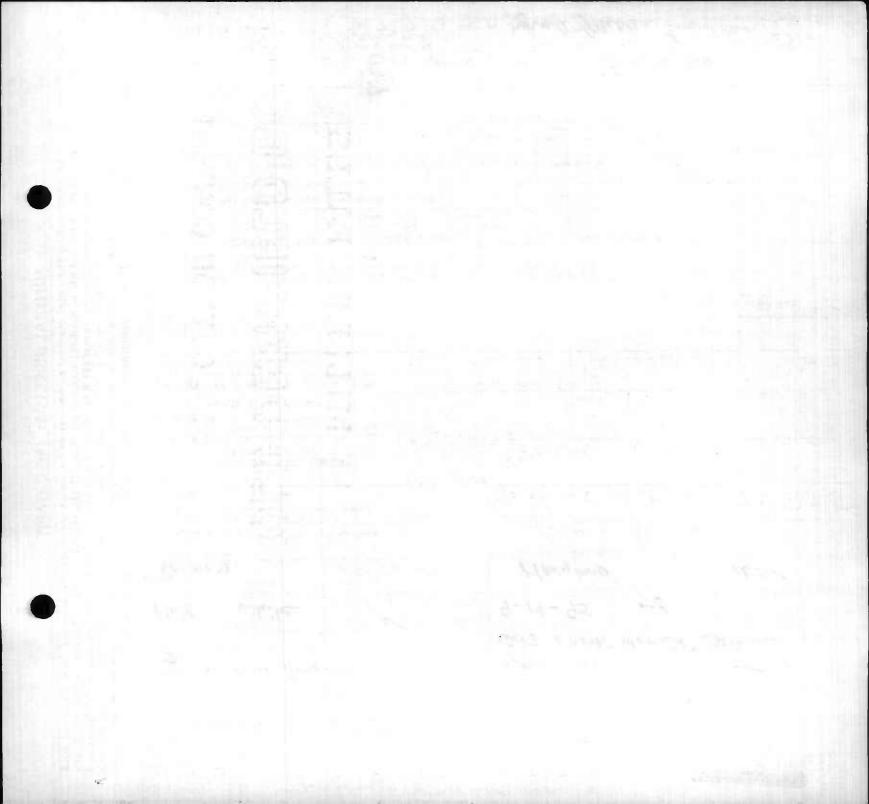
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1	1/ FED WO	0.4.02.0	BALTIMORE CITY	HEALTH DEPARTMENT		
	RTH NO.	04630	CERTIFICA	TE OF DEATH	REG. NO.	2 04630
	PO OF Print) DUALU 1	HEMMINS		2. DATE AN	13/77	1 12 10 P.
3,	PLACE IN BALTIMORE, MARYLA	AND, WHERE PRONOUN	CED DEAD	A. USUAL RESIDENCE (When	e deceased lived. If inst	itution: residence before admission)
H	JLL NAME OF (IF NOT IN ADDRESS OF STITUTION /	HOSPITAL OR INSTITUTE	ION, GIVE STREET	MARYLAND C. CITY OR TOWN	D. INSID	E CITY LIMITS?
7.1	JUN HORKINS HE	Souter !	0.181000	BALTIMORE		YES 🖾 NO 🗌
L	33	Bay M.1	21205	e. STREET AND NUMBER 2403 MCELDERF	RY STREET	La
	M Gaua	WIDOWED [NEVER MARRIED DIVORCED	030823-	49	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
do	A. USUAL OCCUPATION (Give kind no during most of working life, even if	retired)	USINESS OR INDUSTRY	11. SIETHP-ACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME			14. MOTHER'S MAIDEN NAM	AE	0.3.77.
	ERNEST E. HEMMI	NGS,		ROWENA YOS	T	
15. (Ye	Wes Deceased Ever in U. S. Ans, no or unknown) Uf yes, give war	ned Forces? or dotes of service)	6. SOCIAL SECURITY NO.	17. INFORMANT	Hernmin -	2403 Mc Eldone
	18.////		CAUSE OF DEATH		perioritary.	APPROXIMATE INTERVAL
	DISEASE OR CONDITION	EATH	(A) MMEDIATE CAU	s. Acute Myo	za dallalar	By Thous.
	IThis does not mean the me heart failure, asthenia, etc. It	means the disease.		CONSEQUENCE OF:	(///	
	injury or complication which ANTECEDENT C		A	SIUD	0 0	-
	DISEASES OR CONDITION		(8) DUE TO, OR AS	A CONSEQUENCE OF:		***************************************
	rise to the above cause UNDERLYING CONDITION to	(A) stating the				
	11		(c)			***************************************
ATION	OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION GIVEN	TO THE TERMINAL	**********************	***************************************	***************************************	
CERTIFICATION	19A-DATE OF OPERATION 19	& CONDITION FOR WH AS PERFORMED	ICH OPERATION	20A. ASTOPSYNYES OF No.	208 IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS CONSIDERED
CAL	21A. ACCIDENT WAS UNDERLOR CONTRIBUTING CAUSE CONTRIBUTION CAUSE CONTRIBUTION CONTR	YING 218, PL	ACE OF INJURY (e.g., in form, foctory, street, off	or about 21 C. WHERE DID	(If In Baltimore	City, give exact location)
MEDI	21D. TIME (Month) (Day) OF INJURY (APPROX.)	(Year) (Hour) 21E IN While Work	At Not While	215. HOW DID INJU	JRY OCCUR?	
	22. I certify that (1) ((his ho			1/3 in 1m 1	9 to F	1/3/2 10 17 1/
	that (1) (we) lost saw the de	- Comment	1/13/72	19ond the	it in (my) (our) opinie	on death occurred on the date
	and hour and from the cause	s stated obove (1)	e (did) (did not) vi			
	Daried . [staglia	MD DEGREE Phys.	iding Med.	Staff Phys.	SE DATE SIGNED
	NAME (Type)	1. LARTAG	O'CONEE!	5960 E. Pratt	89 Bast	MO 71274
24/	REMOVAL (Specily) 248 DA			MATORT 24D. LO	(3)	town, or county) (Stote)
0.0	BURIAL 5/1		FVIEW CEM		SALTO., NI	D
254	MAY 1 & 1972 Page	256 NAME OF	tet a	25C. FUNERAL DIRECTOR	Q 2334	ADDRESS ST.
VS	150-REV. 1/1/68					



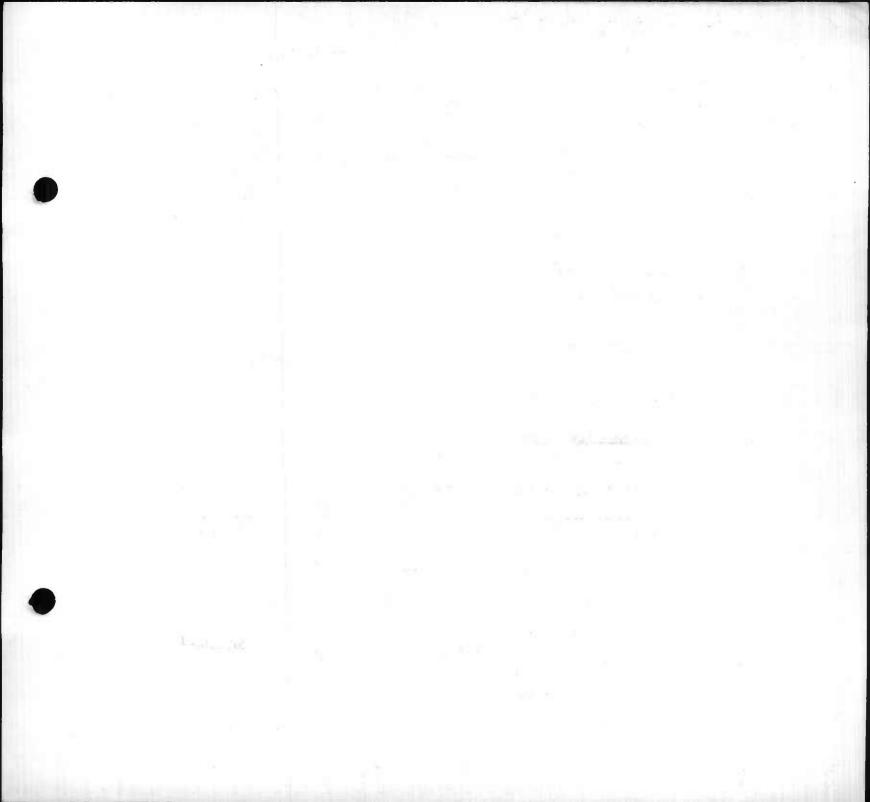
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10 000	BALTIMORE CIT	Y HEALTH DEPARTMENT		
1 235 72 046	CERTIFICA	TE OF DEATH	REG. NO.	
I.NAME OF DECEASED			HOUR OF DEATH	12 09633
(Type or Print) McDonald Ch	ARles Fo	BR. 5-14-		n 1
3. PLACE IN BALTIMORE, MARYLAND, WHERE I			deceased fived, If ins	stitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET		Baltimore (City 602
INSTITUTION	,	C. CITY OR TOWN		DE CITY LIMITS?
Md General Hospital		BAltimORE		YES NO
=48		e. Street and number	Poet St.	Baltimore, Malasy
MAIE White wide	RRIED NEVER MARRIED DIVORCED DIVORCED	9-14-95 10	AGE (In years st birthday)	it Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
10A USUAL OCCUPATION (Give kind of work 10B, K) done during most of working life, even if retired)	7	11. BIRTHPLACE (State or foreign	country	12. CITIZEN DE WHAT COUNTRY?
RetiRED	POLICE DEPT.	MARYIAND		U.SA.
13. FATHER'S NAME		14 MOTHER'S MAIDEN NAME		
EDWARD Mc DON.	ALD	HNNIE	RUBRAN	
15. Was Deceased Ever in U. S. Armed Ferces? (Yes, no or unknown) (If yes, give war or dates of se	16. SOCIAL	17 INFORMANT	11 1 1 1 .	ADDRESS
No -	3200001111100	Mrs. Emma E. N	10 Donald	227N. Portst.
18.0 //, 9 1	CAUSE OF DEAT	TH 1 1 1 -		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	- Cla	DBORNING.	+ Flor	DET WEEK CHOSET AND DEATH
(This does not mean the mode of dving.	(A) HAMEDIATE CA	A CONSEQUENCE OF:	11/10	70
heart failute, astheria, etc. It means the di- injury or complication which caused death.	sease,	novery VI	cose	
ANTECEDENT CAUSES	D	Commony-	Tukere	wores)
DISEASES OR CONDITIONS, if any,	giving DUE TO, OR	A CONSEQUENCE OF	1 00	
rise to the above cause (A) stating UNDERLYING CONDITION last,	the (c) Arto	inschorce (moroUR	sculor Ollan
11	(0)			source of the select things are
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM	TING			
DISEASE OR CONDITION GIVEN IN PART I (A).		100		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OF CONDITION GIVEN IN PART 1 (A). 1974. DATE OF OPERATION 1978. CONDITION WAS PERFORMED UT 121A. ACCIDENT WAS UNDERLYING.)	20 A. AUTOPSY! (Yes or No)	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (noify medicol exominer)	21B PLACE OF INJURY (e.g., home, form, foctory, street, o	in ar about 21 C. WHERE DID flice bidg. INJURY OCCUR?	(If In Baltimore	City, give exact location)
OF INJURY (Month) (Doy) (Year) (Hour	21E INJURY OCCURRED	21 F. HOW DID INJUR	Y OCCUR?	
(APPROX)	While At Work At Work			
22. I certify that (1) (this hospital) atten		5/1 19	7200	114 1972
that (1) (we) last say the deceased allve	- / -		/	on death occurred on the date
and hour and from the causes stated abo	ye (i) (We) (did) (did not)			
23A. SIGNATURE	24 2			23R DATE SIGNED
Monard N. Resel	DEGREE Phy	ending Med. Sh Director Ph	off ys.	5/14/72
E3C.PHYSICIAN'S NAME (Type)		23D. ADDRESS	1	111
DONALD NO	NISCOP, MD			
REMOVAL (Specify)	4C. NAME of CEMETERY OF CRI	EMATORY 24D. LDC	1	, town, or countyl (State)
BURIAL 5-17-72	GAK LAWN	CEM.	SALTO. MI	0.
MAY 16 1972 John P. L.	Tables M.D.	25C. FUNERAL DIRECTOR	De Tunos	el Home - 9334 80
V\$ 150-REV. 1/1/68		178000	The state of the s	cuffish so



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

111-300 12 04632		HEALTH DEPARTMENT TE OF DEATH	REG. NO	72 04632
1 NAME OF DECEMBER	LKIIIICA			
CType or Print ERNICE	WADE		HOUR OF DEATH	211151
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED			4 13, 1972	2:45A M.
The state of the s	DEAD	A. STATE B. COUN	IT	1
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, ADDRESS OR LOCATION)	GIVE STREET	MD. T	BALTIMORE	1504
INSTITUTION U. S.P. H.S. HOSpita	- ()	C, CITY OR TOWN	D. INSIDE CI	TY LIMITS?
	5.000	BALTIMO	YES YES	NO 🗌
2 x wymon PR Driet	310 24.	E. STREET AND NUMBER	I STALL AL	10
		1826 6	-IFTON AL	
5. SEX F 6. RACE N 7. MARRIED NEV WIDOWED NEV	DIVORCED	8. DATE OF BIRTH SEPT 14, 1917	ost birthdoy) Mon	Inder 1 Yr. II Under 24 His. This Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINI	SS OR INDUSTRY	11. BIRTHPLACE IStale at foreig	n country) 12.	CITIZEN OF WHAT COUNTRY
DOMESTIC WORKER -		SOUTH C	AROUNA	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM		00.3,77.
JAMES Holley		MARIE	Hall	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give wor or dates of service) SEC	CIAL CURITY NO.	17. INFORMANT	,	ADDRESS
NO - 248	1.30 1411	Patient a	ed Aunt	
	AUSE OF DEATH		7.000	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY			2-12-11	BETWEEN ONSET AND DEATH
LEADING TO DEATH		ISTATIC CA	CINOMA	MONTHS
II I I I I I I I I I I I I I I I I I I	DUE TO, OR AS A	CONSEQUENCE OF:		11001173
heart lailure, oslhenia, etc. It means the disease, injury or camplication which caused death.)				
ANTECEDENT CAUSES	CAR	KINOMA OF	RREAST	MONTHS
DISEASES OR CONDITIONS, if any, giving	(B) DIJE 80 OR AS	A CONSEQUENCE OF:	0.21	WON (11/2
rise to the above cause (A) stating the	DUC 10, OK 23	A CONSEQUENCE OF:		
UNDERLYING CONDITION last.	c)			****
- II				
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OISEASE OR CONDITION GIVEN IN PART 1 (A).				
DISEASE OR CONDITION GIVEN IN PART 1 (A).	*****************			
19A. DATE OF OPERATION 198. CONDITION FOR WHICH (WAS PERFORMED	OPERATION	20A. AUTOPSY? (Yas or No)	208. IP YES, WERE FINDIN IN CERTIFYING CAUSES O	GS CONSIDERED OF DEATH?
OK CONTRIBUTING CAUSE OF home, form, etc.)	OF INJURY (e.g., in foctory, streat, offi	ar obout 21 C. WHERE DID	(It in Baltimore City,	give exact facotion)
I = IOF INJURY	OCCURRED	21F. HOW DID INJU	RY OCCUR?	
(APPROXI	Not While At Work			
22. I certify that (\(\mathbb{L}\) (this haspital) attended the dece			72	
			72 10 MAY	
that M (we) last saw the deceased alive an A		1972and that	in (mk) (aur) apinion d	eoth occurred an the date
and hown and from the causes stated above. (1) (He)	did) (did not) vi	ow the body ofter deoth.		
23A. SIGNATURE	2		23 & D	ATE SIGNED
Mills & Collham	DEVICE Phys.	ding Med. Si	hoff nys.	5/13/72
26 C. PHYSICIAN'S NAME (Type)		D. ADDRESS		111
ROBERT E. BELLIVEA	1.M.D.	U.S.P.H.S.	Hospital.	Koeltimon Wid
	EMETERY OF CREA	MATORY 24D. LO	CATION (City, town	n, or county) (Stota)
5-21-22			11000	1 / /
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGIS'	TRAR	25C FILMERAL DIRECTOR	THRY D.C.	AROLINA
MANA A ARTIO O O O O O O O O	000	25C, FUNERAL DIRECTOR	ON:1/2	N. ADDRESS
VS 150-REV. 1/1/68	,	HELLINGTON D.	THULLES 1721	MONROE J.



		16	2 6463	3	BALTIMORE CITY HEA	ALTH DEPART	MENT					
1	1-600:	2	MEDIC	A I				DEAT	н	70	0463	')
BIR	TH NO.		MEDIC	AL	EXAMINER'S C	LKTIFIC	ATE OF	DLAI	REG. NO	1 has	0409	0
1. 1	NAME OF DEC	EASED	U,			2. DATE	Known 🔲	Month	Doy	Yeor	Hour	
(Тур	e or Print)	ROBERT		OPH	ER	OF DEATH	Estimoted					М.
					ONOUNCED DEAD	3. DATE PRONOUN	CED DEAD	Month	Doy	Yeor	Hour	
HO!	L NAME OF	ADDRE	SS OR LOCATION	114211	TUTION, GIVE STREET				,1972			P. M.
OK	INSTITUTION			_		A. STATE		dece osed I	B. COUNTY	residence	before odmi	sion)
4 6	7	OV LDEN'.	r HOSPITA			C. CITY OR TO	aryland	-	D. INSIDE CIT	V I IAAITS?	100	7
6. 5					ED NEVER MARRIED	Baltin						
	Tale	Negro	10. AGE (In yeo	DOW	If Under 1 Yr. If Under 24 Hrs.	E. STREET AN			YE	S	ио Ц	
, ,	2-13-11		lost birthdoy)		Months Doys Hours Min.		neeler A	wonuo.				
11.	BIRTHPLACE (S	tote or foreig			2. CITIZEN OF	13. FATHER'S		venue		_		
	VIRGI	W. L			WHAT COUNTRY?		ROBERT C	HRIST	OPHER			
14A	USUAL OCCU	PATION (Giv	e kind of work 14B.	KIND	OF BUSINESS OR INDUSTRY	15. MOTHER'S						
done	LONGSHOF	orking life, ev	en if retired)				VIOLA LO	CUST				
	WAS DECEAS	ED EVER IN	U.S. ARMED FO		17. SOCIAL	18. INFORMA			AC	DRESS		
(Yes	s, no or unknown) NO	(If yes, give v	wor or dotes of se	rvice)	216-10-9625	LAVELLA	CHRISTO	PHFR-1	107 WHEE	LER A	VENUE	
	19.4/2	. 2 .			CAUSE OF DEA		011112010			A	PPROXIMATE IN	
	DISEAS	E OP COND	ITION DIRECTLY		Hyperte	ensive ca	ardiovas	cular	disease	J. C.	TECH ONSET A	IND DEATH
		LEADING TO			(A)IMMEDIATE C							
			mode of dying, . It means the dise			S A CONSEQUE	NCE OF:					
	injury or con	plication whi	ch coused death.)									
	1A	NTECEDENT	CAUSES		(B)		n nani ari ari an irisha 2000					
	DISEASES O	OR CONDITI	ONS, IF ANY, GIV	THE	DUE TO, OR	AS A CONSEQU	ENCE OF:					
z		G CONDIT			(c)							
CERTIFICATION			П									
ŏ			NDITIONS CONTI									
TIF	DISEASE OR	CONDITION	GIVEN IN PART I	(A).	***************************************	AC DEPENDANCE				IOI ALIT	OPSY? (Yes	as Na\
CER	ZUA. DATE OF	OPERATIO	208. CONDII	IONF	OR WHICH OPERATION WA	45 PERFORMEL	,			21. 4010		,, 110)
	22A. FXTER	NAL CAUSE	WAS	12	22B. PLACE OF INJURY (e.g.,	in or about 220	WHERE DID	/If in Boltime	ore City pive exp	ct location)	no	
EDICAL	UNDERLYING	OR CON	TRIB-	Î	nome, form, foctory, street, office	e bldg., etc.) INJ	URY OCCUR?	(III BOINING	ore city, give exc	er roconony		
ME	UTING CA			(Hour	22E.INJURY OCCURRED	22F	HOW DID IN	JURY OCC	UR?			
	OF INJURY (APPROX.)	, , ,			WHILE AT NOT	WHILE						
	23.				m. WORK AT W	ORK L						
	I cert	ify that I h	eld on Inqui	ry [Inspection 🔀 Au	topsy 🗌	ond that an t	his basis	, death in my	opinion		
	resul	ted from: N	latural couses	X	Accident Suicid	le 🗌 Hom	iclde 🗌	Undeterm	Ined manner			
		1	11	1	1/11		IEF MEDICAL				DATE SIG	NED
	SIGNAT		wy	1	/Cul MID	ASSIST	ANT MEDICAL	EXAMINER	X			
	EXAMIN		nald N. K	orn	blum, M.D.	ASSOC	ATE MEDICAL	EXAMINER		5/	10/72	
24	A. BURIAL CREA		24B. DATE		24C. NAME of CEMETERY	or CREMATOR	/ 240	LOCATION	V (City, town	or county	() (50)	ote)
	MOVAL (Speci BURIAL						240.					,
	DUKTAL		5-13-72		MT AUBURN CE	METERY		BAL	[MORE, MA	ARYLAN	(1)	

MAY 16 1972 258. NAME OF REGISTRAR

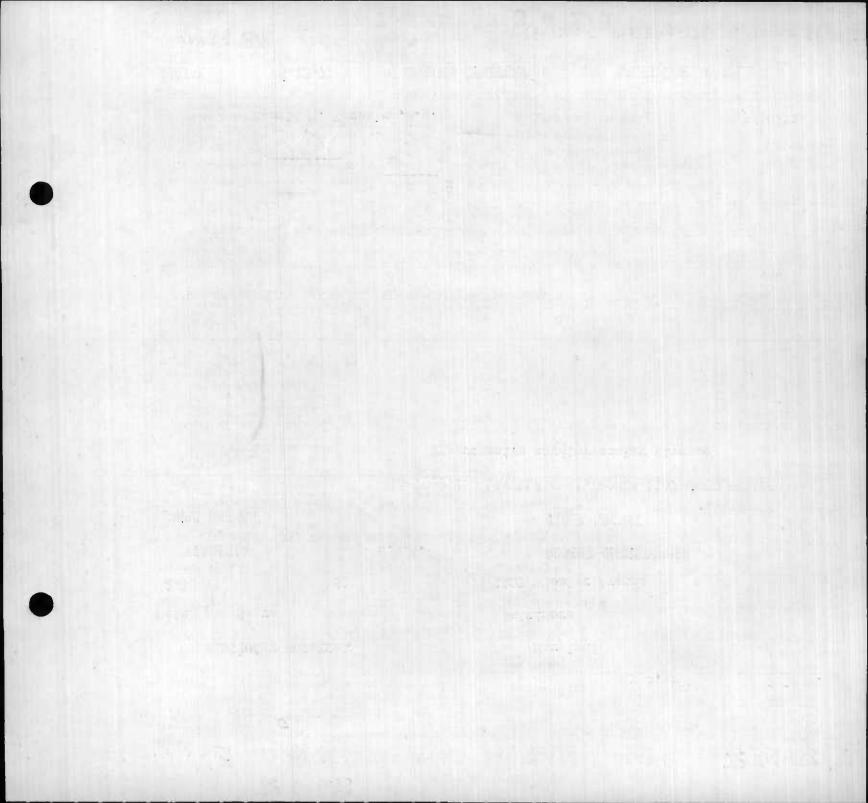
MT AUBURN CEMETERY

BALTIMORE, MARYLAND ADDRESS

25C. FUNERAL DIRECTOR

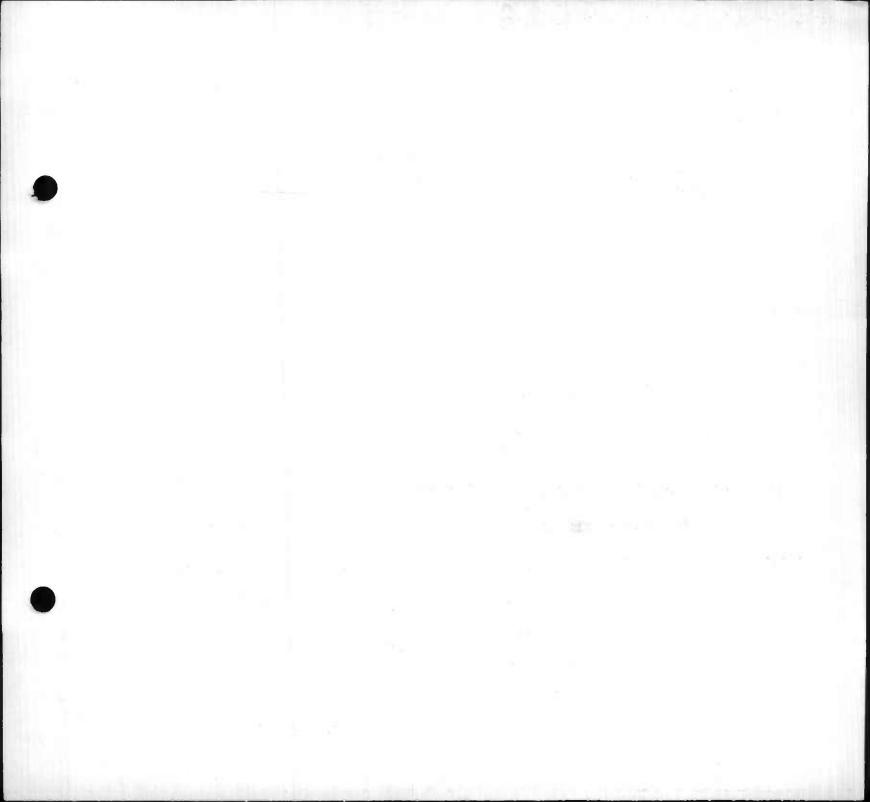
Arlington S. Phillips-1721 N. Monroe St 21217

VS 151-REV. 1/1/6B



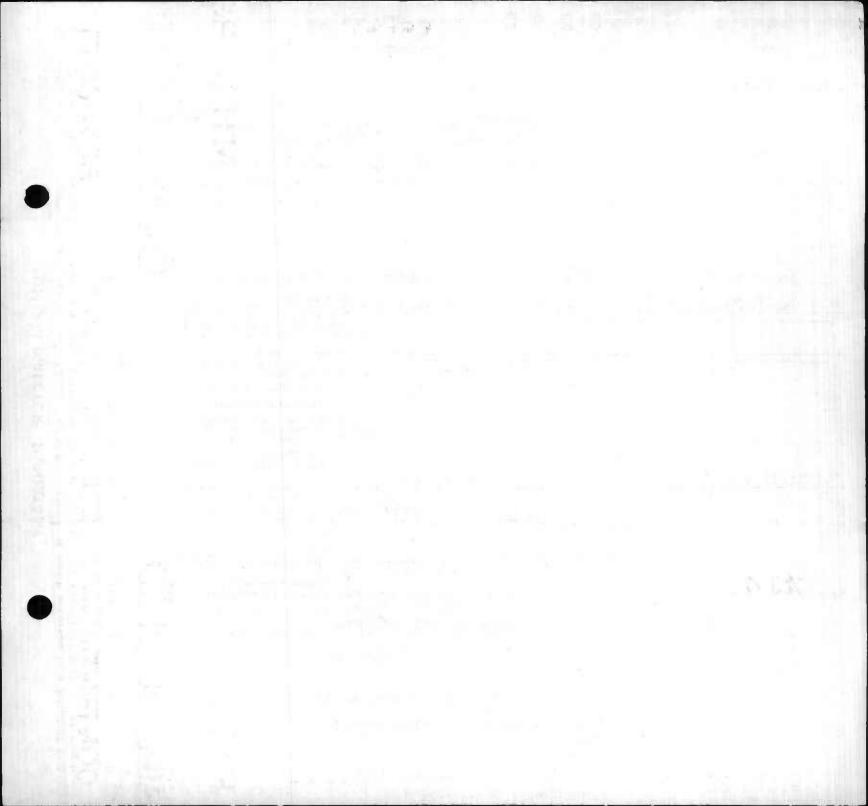
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

bo	/xX ~0 0	BALTIMORE CITY	Y HEALTH DEPARTMENT	20 01001
BIRTH NO.	120	4634 CERTIFICA	TE OF DEATH REG. NO	72 04634
1. NAME OF (Type or Print)			2. DATE AND HOUR OF DEATH	
		H. BELL	MAY 11, 1972	8:15 Pm.
3. PLACE IN	BALTIMORE, MARYLAND, V	WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where decoosed lived If in A. STATE B. COUNTY	stitution: residence before admission)
FULL NAME	OF (IF NOT IN HOSPIT	AL OR INSTITUTION, GIVE STREET	MARYLAND	15 38
HOSPITAL OF	ADDRESS OR LOC	ATIONI		IDE CITY LIMITS?
0.5	2004 000740	DALE AVENUE	BALTIMORE	YES NO
00	3304 SPRING	DALE AVENUE	E. STREET AND NUMBER	
5. SEX	6. RACE	7	8. DATE OF BIRTH 19. AGE (In years	
MALE	NEGRO	* MARRIED NEVER MARRIED	lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
		WIDOWED DIVORCED DIVORCED	MARCH 5, 1886 86	12. CITIZEN OF WHAT COUNTRY?
done during mo	st of working life, even if refired)	MINISTER		
13. FATHER'S		MINISTER	BATON-ROUGE, LOUISIANA	U.S.A.
	MUEL BELL		14. MOTHER'S MAIDEN NAME	
	Sed Ever in U. S. Armed For	ces? 1 6. SOCIAL	DIANE SEEF Green	
(Yes, no of unkn	own) (If yos, give wor or dote	s of service) SECURITY NO.	17- INFORMANT	ADDRESS
NO		219-18-4898	LINNIE BELL - 3304 SPRING	DALE AVENUE
18. / 4	7.0 1	CAUSE OF DEAT	Н	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DIS	EASE OR CONDITION DE LEADING TO DEATH	mere	Statis (1. 4
(This doe	s not mean the mode of	dying, e.g., (A) IMMEDIATE CAI	A CONSEQUENCE OF:	a Ce mos
	ure, asthenia, etc. Il means Complication which caused	the disease,		
	ANTECEDENT CAUSES	In	way sife unclestern	
DISEASES	OR CONDITIONS, IL	any, giving (8)	A CONSEQUENCE OF:	umar
	the abave cause (A)	signing the		
OTT DENE		(c)		
O OTHER SIG	II INIFICANT CONDITIONS CO	NTRIBUTING		
A DISEASE C	EATH BUT NOT RELATED TO T	T 1 (A).	***************************************	***************************************
OTHER SIGNATE OF THE DESCRIPTION	OF OPERATION 198 CON WAS PER	DITION FOR WHICH OPERATION FORMED	20A AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
21A. ACC	DENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., I	n of about 21 C. WHERE DID. (If In Rollings	e City, give exect location)
OR CONT	DENT WAS UNDERLYING DEBUTING CAUSE OF offine medical examiner	home, form, foctory, street, a	ffice bldg. INJURY OCCUR?	e City, give exect locotion;
21D. TIME		(Hour 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
21D. TIME OF INJUR	Υ	While At Not While	• —	
	at a fuertie to a s	Work At Wark		10 =
		Dattended the deceased from F		unch 9 19 77
	last saw the decease			nian deoth accurred on the date
ond haur 23A. SIGN		ted obave. (1) (No) (Jid) (did nat) v	lew the body ofter death.	
237. 3101	11/1	Athe	anding Med. Shaff	238. DATE SIGNED
23C. PHYS	Clare	DEGREE Phy	s. Director L Phys. L	3/12/72
NAM	Ellypel A		23D. ADDRESS	
24A, BIIDIAL	CREAMATION DAGE DAGE	2A TTS DEGREE	1209 Et. Vaul SA	21202
REMOVA	CREMATION, 248. DATE	24C. NAME of CEMETERY of CR		ty, town, or county! (Stole)
BURIAL	5-15-7	2 ARBURUS MEMORIA		
MAY	1 e 1072	258, NAME OF REGISTRAR	25C, FUNERAL DIRECTOR	ADDRESS
VS 150-REV. 1	TD 19/7 GOODE	C. Nathanara O o	Arlington S Phillips-172	1 N. Monroe St-2121



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1/1-2	BALTIMORE CITY	HEALTH DEPARTMENT		20 04005
81RTH NO. 72 046	335 CERTIFICA	TE OF DEATH	REG. NO	72 04635
1. NAME OF DECEASED (Typo or Print) BENJAMIN)	4011000	2. DATE A	ND HOUR OF DEATH	1940 PM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONO UNCED DEAD	A. STATE B. COU	ero deceased lived. If is	nstitution: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR IN ADDRESS OR LOCATION!	NSTITUTION, GIVE STREET	MARULAI C. CITY OR TOWN	NO 1-1-	IDE CITY LIMITS?
01	PITAL	BALTIMO E. STREET AND NUMBER	1 .	YES NO
		6303 N	CHARL	
W m widow		1-22-15	9. AGE (In years last birthdoy)	If Under 1 Ye If Under 24 Hrs. Months! Doys Hours Min.
IOA, USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working life, even if refired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE IState or for	eign countryl	12. CITIZEN OF WHAT COUNTRY?
	ALTO. GAS+ PIEC. G	MARYL	AND	V.S.A.
13. FATHER'S NAME		14 MOTHER'S MAIDEN NA	ME	
BENSAMIN HO	ILANIN	LALIPA	ROEDE	= R
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) Uf yes, give war or dates of serv	16 SOCIAL	17. INFORMANT	7,020	ADDRESS
YES WW II	212-05-3048	MARY D.	401111110	SAME AS # 4
18, 4/2/	CAUSE OF DEAT	1 10107 9 7	10000000	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		Dunkered	CODOLA	BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAU		Lowin	~
(This does not mean the mode of dying, heart failure, esthenia, etc. It means the disc		CONSEQUENCE OF	meurys	m.
injury or complication which caused death.)	600	· local ecto		
ANTECEDENT CAUSES	iving (B) DUE TO, OR AS	colon car		
DISEASES OR CONDITIONS, If any, ginse to the above cause (A) stating UNDERLYING CONDITION last.	the (C)	a consequence of:	heart	- 4
l II				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1 (A).	NG			
TO THE DEATH BUT NOT RELATED TO THE TERMINE DISEASE OR CONDITION GIVEN IN PART 1 (A).				
19A. DATE OF OPERATION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or N	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined	21 B. PLACE OF INJURY in g., home, farm, factory, street, of etc.)	n of about 21 C. WHERE DID fice bidg., INJURY OCCUR?	(It in Boltimo	re City, give exoct location)
O 21D. TIME (Month) (Doy) (Year) (Houd	21 E INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
* IAPPROXI	While At Work At Work	. 🗆		
22. I certify that (1) (this hospital) attend		9172	19 72 to	5/13 1922
that (N (we) last saw the deceased alive	- 111		hat in (my) (our) op	Inlan death accurred on the date
and haur and from the causes stated above	re. (N) (We) (did) (did not) v	lew the body after death.		
ZJANSIGNATURE	0			238, DATE SIGNED
Dafacte A Wol	Dhie	nding Med.	Staff Phys.	5/14/42
23C.PHYSICIAN'S	DECKEE	23D. ADDRESS		
NAME (Type)	1 8 1 1 1	301 51	PALL	PLACE
24A. BURIAL CREMATION, 24B. DATE 24	OL O O GREE	MATORY 24D.	LOCATION IC	ity, town, or county! (State)
REMOVAL (Specify)	P	C C	KENINIE (many C MI
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTO	R C.	ADDRESS
MAY 16 1972 PRACE 3		1		



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

/	7 -00	79 6	14.00	BALTIMORE CITY	HEALTH DEPARTMENT		72 04636
	-500	()	4636	CERTIFICA	TE OF DEATH	REG. NO	72 04000
	TH NO.	ASED		OEKTII TO/T		AND HOUR OF DEATH	
	o or Print)		2000	10 /=		OPM. 5	1121172
3.	PLACE IN BALT	HEN, MRS	HERE PRONOL	INCED DEAD	4. USUAL RESIDENCE (WI	nere deceased lived. If i	institution: residence before admission)
FU	LL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITE	JTION, GIVE STREET	MD B. COL	JNTY	1307
IN:	TITUTION	ADDRESS OF COCA	(IION)		C.CITY OR TOWN		SIDE CITY LIMITS?
10	HURIN	HOME &1	MOSPITI	7L, 100 N.	BALT; MOR	-1-	YES NO
	BR	OAD WAS	, 31	ALT: MORE		ona AVE	EDGEWOOD NARSING
5, 5		6. RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Ye. II Under 24 Hrs. Months Doys Hours Min.
	F	W	WIDOWED		3/1/99	73	17.00.00.00
			108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole of fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
don	Resis	orking life, even if refired)			mD.		AMER.
13.	FATHER'S NAM				14 MOTHER'S MAIDEN N	AME	
	THOMI	AS KElly			Euginia	× Adams	5
15.	Wee Decoused	Ever in U. S. Armed For Uf yes, give war or date	cos?	16 SOCIAL	I . v o that A ministerial		ADDRESS
	NO	ut yes, give wat of date	- OI SCIVICES	316-05-454	- medica	(cherr-	
	18. 5 17	191		CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		OF CONDITION DI	RECTLY		1.		BETWEEK ONSET AND DEATH
	A 19 1 1 2 1 1 2 1 1 2 2 1 1 2 2 1 2 2 2 2	LEADING TO DEATH		(A) IMMEDIATE CAU	SE HEPATIC	ComA	
	heart failure.	of mean the mode of asthenia, etc. It means	the disease.	DUE TO, OR AS	A CONSEQUENCE OF:		
	injury or com	lication which caused	deathJ	-		0	
	A	NTECEDENT CAUSES		m (i)	Erhogis or	Liver	
		R CONDITIONS, If		DUE TO, OR AS	A CONSEQUENCE OF:		
		condition last.	staling the	(c)			
		11		(0)			
NO		CANT CONDITIONS CO			- Continue to the continue to		
ATI		I BUT NOT RELATED TO TO ONDITION GIVEN IN PAR					
FIC	19A. DATE OF	OPERATION 19% CON	DITION FOR V	VHICH OPERATION	20A. AUTOPSYT (Yes or	No. 208, IF YES, WERE IN CERTIFYING C.	FINDINOS CONSIDERED AUSES OF DEATH?
CERTIFICATION	0	See and the second			- Laloi C Murat olo		
MEDICAL C	OR CONTRIBUTION OF ATH (notify	T WAS UNDERLYINO TINO CAUSE OF medical examined	hom	a form, factory, street, of	n or obout 21 C. WHERE DID fice bidg. INJURY OCCUR?	lit in poising	ore City, give exact location)
EDI	21 D. TIME OF INJURY	(Month) (Doy) (Year)	(Houd 21E	INJURY OCCURRED	21F. HOW DID II	NULY OCCUR?	
Z	(APPROX.)		Whi	le At Not While	- 0		
	22. I certify	that (1) (this hospital) attended t	ne deceased from	51101	1972 to	5/13/1972
		lost sow the decease			19 ond	that In(my) (our) or	alnion death occurred on the date
					lew the body after death		
	23A. SIGNATU						238, DATE SIGNED
	-	D. NAn	ighi a		nding Med.	Staff Phys.	5/13/72
	23C. PHYSICIAL NAME (Ty	N'S	4	DEGREE	23D. ADDRESS		
	NAME (T)	pel DA. J. R.	HNJA	RIA	CHURIHY	LOME & NO	SpiTAL.
24/	A. BURIAL CREA	MATION, 248, DATE	24C. N	DEGREE OF CRE	MATORY 24D.	LOCATION (6	City, town, or county) (State)
	REMOVAL IS BURIAL	pecify) 248. DATE	1	MUID RIOLE		KLTO, MD.	
10		BY HEALTH DEPT.		F REGISTRAR	25C. EUNERAL DIRECT		ADDRESS
	MANA	4000 0 4	1 .0	7 9 8 0	Roulet the	my 37	17 chestions for
VS	150-REV. 1719	19/4 Jase	E. 44.6	3 A.D.	11 0 0 Q		

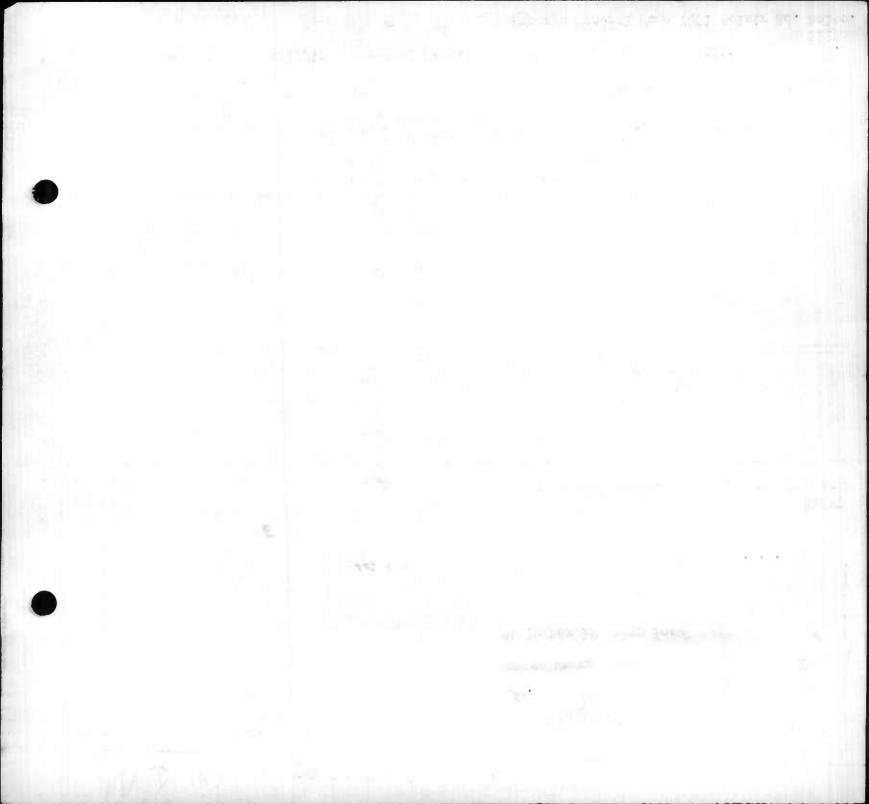
Prev 71/16/42 1668/401 2VE.

	a hospital and save of death (c) Deceased ndance on the to death. Such	
•	or contributing or contributing of contributing of contributing of contributing of contributing of contribution is made.	The second secon
IMPORTANT	Also, if the direct of any kind; (4) the of any kind; (4) the ounced death we attendance on the med or final dispo	
FUNERAL DIRECTOR: IMPORTANT	medical examiner. ledical examiner. burns; (3) A fractur hysician who pror in was in regular remains are embal	
FUNER	approved by the chief medical examiner or his assistant if death occurred in a hospital and I to the hospital by a medical examiner. Also, if the direct or contributing cause of death of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased all (except where the physician who pronounced death was in regular attendance on the th); and (6) No physician was in regular attendance on the deceased prior to death. Such be obtained before the remains are embalmed or final disposition is made.	
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1 000	BALTIMORE CITY	HEALTH DEPARTMENT		72 04637
P-622 72 0463	CERTIFICA	TE OF DEATH	REG. NO	12 09001
DIKITI 140.	CERTIFICA			
(Type or Print)	1 1	2, DATE ANI	HOUR OF DEATH	STRICTS TO
Adele M. Pe	rseahin	5	13-72	110:10 A M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUN CED DEAD	A. STATE B. COUNT	deceased lived. II in	stitutions residence before admission)
FULL NAME OF HE NOT IN HOSPITAL OF INS	TITLITION CIVE STREET	Maryland B	altimore	DE CITY LIMITS?
FULL NAME OF (IF NOT IN HOSMTAL OR INS	MIGHOR, GIVE SIKEE	C. CITY OR TOWN	D. INS	DE CITY LIMITS?
Baltimore City Hospitals		DUNDAL	K	YES NO X
4940 Eastern Avenue		E. STREET AND NUMBER	7	100
	21224	223 Baltimore	Asrenise 2	1222 53
	ED NEVER MARRIED	D DATE OF SIRTH	ACE O	
Female Caucasian wnpow	ED DIVORCED	6/21/1886	ost birthdoy 85	If Under 1 Ye. If Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND done during most of working life, even if refired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of foreig	in country!	12. CITIZEN OF WHAT COUNTRY?
		Italy		(1, S, A.
HOUSE WIFE		14. MOTHER'S MAIDEN NAM	AE	10,0,.,.
Peter BRANDALESE		Mathilda		
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no of unknown) (If yes, give war or dates of service	1 & SOCIAL	17. INFORMANT	4040 5	ADDRESS
		200 000 0		ern Avenue
118, // / 2 // 8	213-09-2279 CAUSE OF DEAT	BCH: Records	Baltimore	, Maryland 21224
LEADING TO DEATH (This does not mean the mode of dying, a heart failure, ostheria, etc. it means the disecting of the complete of the course death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, give is to the above cause (A) stating UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITION S CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION POWAS PERFORMED 21A. ACCIDENT WAS UNDERLYING TO	ing (8) DUE TO, OR AS the (C)	A CONSEQUENCE OF:	D .	10 year
19A. DATE OF OPERATION 19L CONDITION POWAS PERFORMED	OR WHICH OPERATION	NO	208, IP YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OP CONTENUITING TICALISE OF	21& PLACE OF INJURY (e.g., home, form, factory, street, o	n or about 21C. WHERE DID ffice bidg., INJURY OCCUR?	(li in Boltimor	e City, give exact location)
DEATH (notify medical examined) DEATH (notify medical examined) DEATH (notify medical examined) OF INJURY (APPROX.)	21E INJURY OCCURRED While At Not While Work Not Work	21f. HOW DID INJU	JRY OCCUR?	
22. I certify that (this hospital) attende	d the daceased from L	- 2	9 17 to 5	-12 19 77
that (1) (we) last sow the deceased alive a		.,		nton death occurred on the date
· ·			intmit foot obt	about occorred on the date
and hour and from the causes stated above	1. (1) (πe) (did) (did nat) \	new the body after death.		land Start Manuel
23A. SIGNATURE	1 had in	ending Med.	S-18	238, DATE SIGNED
Chuthin Ch	DEGREE Phy	ending Med. Director	Staff Phys.	15-13-72
23C.PHYSICIAM'S NAME (Typel		23D. ADDESS Eastern	Avenue Bal	timore, Maryland
1 CHILL CHIN CA	till MD.	Rallebase	. 111	Hay 1 1 1 21224
24A. BURIAL CREMATION, 124B. DATE 1240	DEGREE	EMATORY 124D. LO	CATION / C	ity, town, of county) (State)
REMOVAL (Specify) 5-16-72	Co Co	Dan Ti	2-1-	7
Bureal 5 12	J. Hansle	wemery &	falto	a me
25A. DATE REC'D BY HEALTH DEPT. 25B. NAM	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	1510	ADDRESS
MAY 16 1972 Walter & S.	2000	WBrok B	rellegene.	Dundack ml
VS 150-REV. 1/1/68			7	

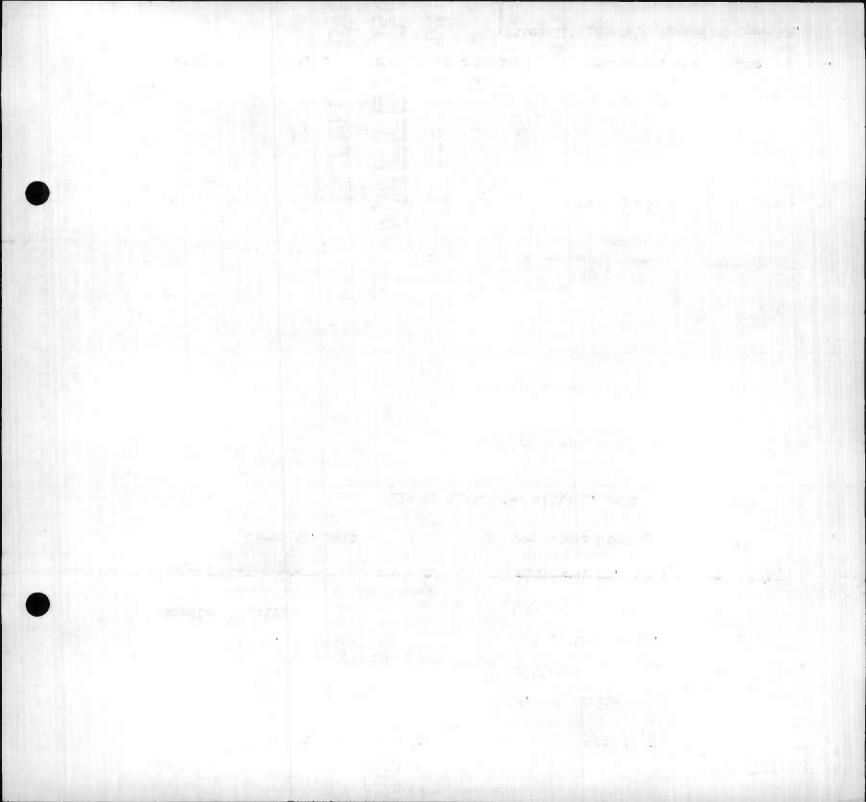
death death cease on the
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceases was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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This certificate must be approved by the chief medical examiner or his assistant if death occurred the body was released to the hospital by a medical examiner. Also, if the direct or contributing shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cows B.O.A. at a hospital (except where the physician who pronounced death was in regular a deceased prior to death); and (6) No physician was in regular attendance on the deceased prior written approval must be obtained before the remains are embalmed or final disposition is made.
- 4 0 > 0 >

1	112			HEALTH DEPARTMENT			
BIR	TH NO.	72 046	CERTIFICA	TE OF DEATH	REG. NO	79 04000	
1.1	AME OF DECEASED	11.			ND HOUR OF DEATH	12 04638	
	e or Print DAVIES HENRIETTIA G.			5	112/72	1 6-30 P	
	PLACE IN BALTIMORE, MARYL	AND, WHERE PE	ONOUNCED DEAD	A. STATE E. COU	bre deceased lived, If	institution: residence before admission)	
HC IN:	ILL NAME OF OSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)			Md. Bal	timore D. IN:	SIDE CITY LIMITS?	
N	ORTH CHARL	FS GEN	HERAL HOSPITI	E. STREET AND NUMBER	-	YES NO NO	
5. 5	EX 6. RACE	17		Rt 16 Box 19		00000	
	FW	WIDO		8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Tr. If Under 24 Hrs. Months Doys Hours Min.	
AOI don	USUAL OCCUPATION (Give king during most of working life, even if	d of work 10B, KIN	D OF BUSINESS OR INDUSTRE	11. BIRTHPLACE (State or lor	eign country)	12. CITIZEN OF WHAT COUNTRY	
	LOUSE WIFE		memaker	Maro		U.S.A.	
3.	FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME	U.O.R.	
(IIM PIELER	7		LULA WEI	AVER		
	Nos Deceased Ever in U. S. Ar ,no or unknown) (If yes, give wo		1 6. SOCIAL	17. INFORMANT	1121	ADDRESS	
	NO	or coles of serv		074 071	D - 1 - 1 - 1 - 1	21237	
	18 17 / 1		2/2-32-0/89 CAUSE OF DEAT	Oliver Donald	Davies Rt 1	6 Box 19 Mohrs Land	
	DISEASE OR CONDITI	ON DIRECTLY	OTTOS OF BUTTI			BETWEEN ONSET AND DEATH	
	LEADING TO E			- Carl al L		20 days	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,					umpurpag	C - a acays.	
	injury at complication which	caused death.)	ase,	,			
	ANTECEDENT C	AUSES	PA	monin alay	a habit	~	
	DISEASES OR CONDITION	S. if any, ai	ving (B) DUE TO, OR AS	A CONSEQUENCE OF:	and now	2 7,00	
	rise to the above cause (A) stating the			anoil asia of	/ Lake		
	UNDERLYING CONDITION lost. (C) C evaluation of liver						
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL						
3	DISEASE OR CONDITION GIVEN	IN PART 1 (A).	***************************************	******************************			
CERTIFIC	19A-DATE OF OPERATION 19	AS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or N	ON CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?	
. 1	21A- ACCIDENT WAS UNDERLOR CONTRIBUTINO CAUSE (DEATH (notily medical examiner	TING D	21B. PLACE OF INJURY (e.g., in home, lorm, loctory, street, of etc.)	or obout 21 C. WHERE DID	(II In Boltimor	re City, give exocl location)	
ā	21 D. TIME (Month) (Doy) OF INJURT	(Year) (Hour)	21E INJURT OCCURRED	21F. HOW DID IN	IURT OCCUR?		
3	(APPROXI		While At Not White				
	22 1 soutifu abox (1) (abto b			45 / 2 \ /			
	22. I certify that (I) (this hospital) attended the deceased from 4/2 / 19 /2 to 5/2 19 /2 that (I) (we) last saw the deceased alive an 5/2 19 /2 and that in(my) (our) applican death accurred as the date						
- 1				IYand th	at ju(my) (our) apl	nian death accurred on the date	
	and haur and fram the causes stated abave. (I) (We) (did) (did not) view the body after death.						
	.) .	0.71.	10000	ding - Med -	Ct. II -	23B. DATE SIGNED	
	23C.PHYSICIAN'S	30000	DEGREE	Med. Director	Shaff Phys.	5/12/72	
	NAME (Type)		2	3D. ADDRESS			
4A	VEGWA SA	THIRK	ATUL M.D DEGREE	NORTH	CHAPLES	GEN HOSP.	
700	REMOVAL (Specily)	A1E 240	C. NAME OF CEMETERY OF CRE	MATORY 24D. L	OCATION (Ci	ly, town, or county) (Stote)	
	Burial 5/:	16/72	Gardens Of Faith	Cemetery Ov	rerlea	Baltimore Md.	
5A.	DATE REC'D ST HEALTH DEP					ADDRESS 27236	
5 1	1AY 1 6 1972 18	an E. Jack	Sent Acad O O	O Lassan Fun	ral Home 74	Ol Belair Rd. Balto	



					1
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained betore the remains are embalmed or final aisposition is made.	E T () T T T ()
This certificate must be appropriate body was released to the	shows: (1) An accident of an	was D.O.A. at a hospital (e.	deceased prior to death); a	written approval must be of	12 12

0 112	2 000	1000	BALTIMORE CITY	HEALTH DEPARTMENT			
19-400	72 0	1009	CERTIFICA	TE OF DEATH	REG. NO	72 04620	
BIRTH NO. 1. NAME OF DECEASE (Typo or Print)	Elsie	P	Belt		3/1972	7 1	
3. PLACE IN BALTIMO	RE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. If	institution: residence before admission	
HOSPITAL OR	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)			Md. Balto 201			
NOITUTION	TITUTION				D. IN	YES NO	
Long Green Nursing Home 115 E. Melrose Ave				E. STREET AND NUMBER 3811 Canterbury Rd.			
Famale 6. RA	White	7. MARRIED WIDOWED	NEVER MARRIED X	8. DATE OF BIRTH 1/15/1885	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.	
10A. USUAL OCCUPATI done during most of workin Retired Boo	g life, even if retired)	108, KIND O	F BUSINESS OR INDUSTRY	Baltimore, Mo		12. CITIZEN OF WHAT COUNT	
3. FATHER'S NAME	Abram H.	Belt		14. MOTHER'S MAIDEN NA Mary Agnes S			
S. Was Deceased Ever Yos, no or unknown) (If y	in U. S. Armed For es, give wor or dote	cos? s of servicel	16. SOCIAL SECURITY NO. 215 03 4235A	Miss Willa L.	Belt	ADDRESS Same	
18. 4/17	7 1		CAUSE OF DEATH	1		APPROXIMATE INTERVAL	
UNDERLYING CO	T CONDITIONS CO	NTRIBUTING HE TERMINAL		A CONSEQUENCE OF:			
	194 DATE OF OPERATION 198 CONDITION FO			20A. AUTOPSY? (Yes or No	208, IF YES, WERI	FINDINGS CONSIDERED AUSES OF DEATH?	
OR CONTRIBUTING	O 21A. ACCIDENT WAS UNDERLYING 2 OR CONTRIBUTING CAUSE OF h		ne, form, foctory, street, of	n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If In Boltim	ore City, give exoct locotion)	
			LINJURY OCCURRED hile At Not While At Work		URY OCCUR?		
22. I certify that (I) (this hospital) attended the deceased from							
that (I) (we) last	that (I) (we) last saw the deceased alive an						
and hour and from	n the couses stat	red obaye. (1) (We) (did) (did not) v	iew the body after death.		DATE SIGNED	
	Johert W. Garis, M. D. GEGREE Phys.				Staff Phys.	5/13/72	
23C. PHYSTCIAN'S NAME (Typo)	ROBERT	W. G	ARIS , M.D.	12 E, EAGER	ST., BALT	MORE, MD. \$120	
24A. BURIAL CREMATI REMOVAL (Specif Cremation	1)		AME of CEMETERY of CRE		enmount Ave	City, town, or county) (State) Balto Md.	
25A. DATE REC'D BY H	IEALTH DEPT.	25B. NAME	of REGISTRAR	2SC. FUNERAL DIRECTO		ADDRESS	
VS 150-REV. 1/1/68	IL OUBCU	The March	20, 240,0	Prognatt wite	RETETO DOME	6500 York Rd.	



G-632 72 04640 BALTIMORE CITY H	EALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. 72 04610		
BIRTH NO. 1. NAME OF DECEASED	2. DATE Known & Manth Day Year Hour		
(Type or Print) MARGARET GARTSIDE	OF DEATH Estimoted May 10, 1972 10:20 P.M		
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	3. DATE Manth Doy Year Hour May 10, 1972 10:20 PM		
Church Home & Hospital	5. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY		
6. SEX 7. RACE 8. MARRIED NEVER MARRIED			
Female White WIDOWED DIVORCED			
9. DATE OF BIRTH 10. AGE (in years # Under I Yr. II Under 24 Hrs. last birthday) Manths Days Haurs Min	E. STREET AND NUMBER		
Feb 13, 1922 50	5618 Ready Avenue		
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF	13. FATHER'S NAME		
Maryland WHATCHUNTERY?	unknown		
done during most of working life, even frettred) Secretary B&O Railroad	Foster		
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes no or unknown) (If yes, give war or doles of service) NO 216-16-17-7	Shirley King 104 Apt G. Warwickshire.		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. it means the disease, injury or complication which caused death,)	ATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT CAUSEAPPARENT CEREBRAL damage RAS A CONSEQUENCE OF:		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST	Hypoglycemia R AS A CONSEQUENCE OF:		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	estinal hemorrhage and cirrhosis		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V	NAS PERFORMED 21. AUTOPSY? (Yes ar Na)		
	Yes		
© UTING ☐ CAUSE OF DEATH.	in to or obaut 22C, WHERE DID (If in Boltimare City, give exact location) lice bidg., etc.) INJURY OCCUR?		
	22F. HOW DID INJURY OCCUR?		

Sulcide -

24C. NAME of CEMETERY or CREMATORY

May 15,1972 St. Marys Cem (Hampden)

Homicide

CHIEF MEDICAL EXAMINER

24D. LOCATION

ASSISTANT MEDICAL EXAMINER

ASSOCIATE MEDICAL EXAMINER

25C. FUNERAL DIRECTOR

and that on this basis, death in my opinion

Undetermined manner

A. Alan Seitz, Jr 3818 Roland Ave.

DATE SIGNED

(Stote)

May 11, 1972

(City, lown, ar caunty)

Baltimore, Maryland

I certify that I held on Inquiry I Inspection Autopsy X

Charles S. Springate, M.D.

258 NAME OF REGISTRAR

resulted from: Natural causes X Accident

24B. DATE

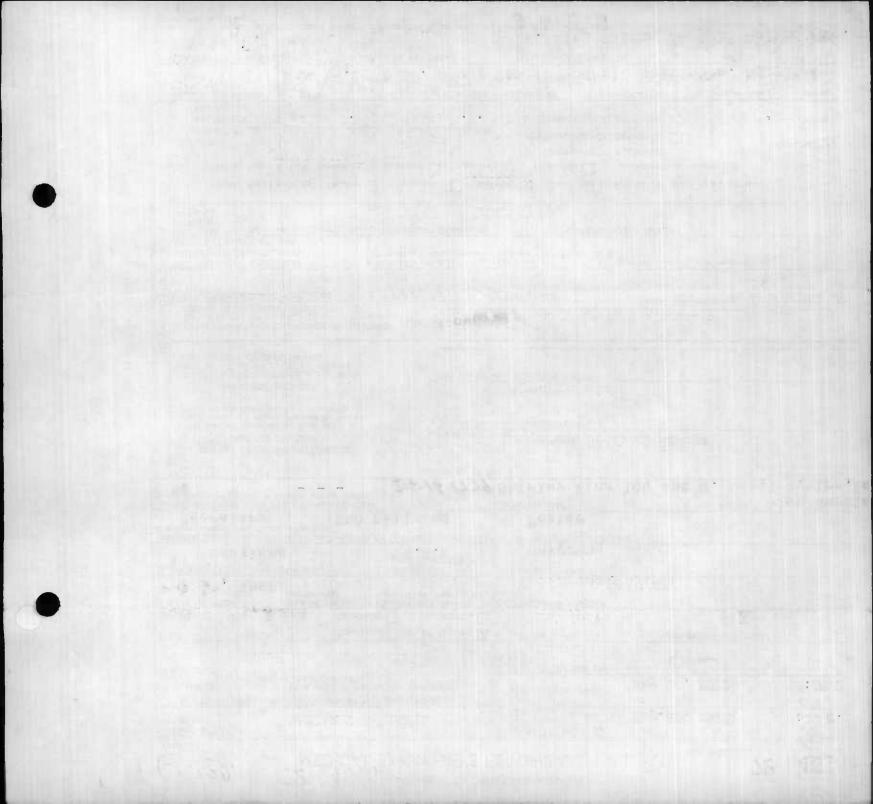
ACTUAL

VS 151-REV. 1/1/68

SIGNATURE

EXAMINER'S NAME (Type) 24A. BURIAL CREMATION, REMOVAL (Specify) BURIAL

25A. DATE REC'D BY HEALTH DEPT.



Howard H.

Hubbard, 4107 Wilkens Ave. 21229

Pola & E Ja Par MD 1

VS 151-REV. 1/1/6B

229 HE WIND COLD WHO CONSTRUCT TO THE WORLD WIND TO SEE THE PROPERTY OF THE PROPER TO LOT LINE NO BIOTAN sum e ' no nno e

IMPORTANT DIRECTOR: FUNERAL

REG. NO. CERTIFICATE OF DEATH cause; (5) Deceased Such I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) VIRGINIA NICHOLS May 13, 1972 no hospitol of 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD ance A. STATE B. COUNTY cause FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Maryland C. CITY OR TOWN 0 attend 0 Baltimore 464 S. Bentalou Street prior E. STREET AND NUMBER contributing Baltimore, Maryland 464 S. Bentalou Street Undetermined 9 is made 5. SEX 6. RACE 8. DATE OF BIRTH 7. MARRIED A NEVER MARRIED 9. AGE (In years regul deceased last birthday 7-23-1904 Female White WIDOWED DIVORCED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) disposition done during most of working life, even if retired) Retired Sales Rep. Montgomery Wards Virginia OF GS 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the 3 3 Unknown Unknown eath 0 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT 1 6. SOCIAL final (Yes, no or unknown) (If yes, give wor or dotes of service) 15-05-3138 attendance No any CAUSE OF DEATH 0 unce DISEASE OR CONDITION DIRECTLY Also, balmed of Occhesin LEADING TO DEATH (A) IMMEDIATE CAUSE prono (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart foilure, asthenia, etc. It means the disease, examiner gular t injury or complication which caused death.) E fra ANTECEDENT CAUSES who 9 are DISEASES OR CONDITIONS, if any, TO, OR AS A CONSEQUENCE OF to the above cause (A) stating the 3 physician UNDERLYING CONDITION last. remains chief medical Was medical burns; **CERTIFIC ATION** OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL physician DISEASE OR CONDITION GIVEN IN PART 1 (A) the Body 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No! 19A. DATE OF OPERATION the WAS PERFORMED 0 before 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? the 3 where OR CONTRIBUTING CAUSE OF hospital °Z DEATH (notify medical examined etc.) nature; MEDI obtained (Month) (Doy) (Year) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY approved (except Not While While At (APPROX.) At Work puo Work to the any 22. I certify that (1) (this haspital) attended the deceased from that (I) (we) last saw the deceased alive on of death) hospital and haur and from the causes stated abave. (1) (We) (did) (did-net) view the bady after death. must accident 23A. SIGNATURE Med. 0 Phys. Director written approvol 0 23C. PHYSICIAN'S 23D. ADDRESS prior Was to NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION eceased o the body REMOVAL (Specify) shows: Ö 5-16-1972 Meadowridge Cemetery Ruria1 SD M 25B. NAME OF REGISTRAR HEALTH DEPT. 25C. FUNERAL DIRECTOR

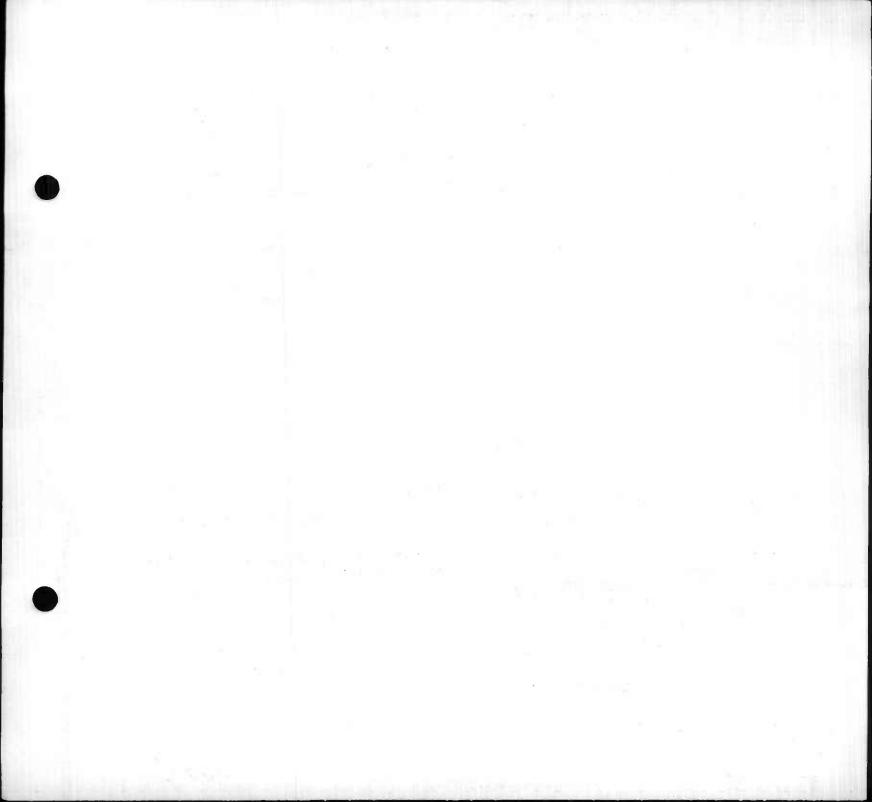
BALTIMORE CITY HEALTH DEPARTMENT 72 04642 4. USUAL RESIDENCE (Where deceased lived, If institution: tesidence before admission) D. INSIDE CITY LIMITS? YES X NO If Under 1 Yr. If Under 24 His. Months Doys 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS 21223 Mr. Gilbert F. Nichols, 464 S. Bentalou St. BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that in (my) (aur) aplnian death accurred an the date 23B, DATE SIGNED 3432 Frederick Avenue, Balto., Maryland (City, lown, or county) Washington Blvd. Howard Co., Md. ADDRESS Hubbard, 4107 Wilkens Ave. 21229 VS 150-REV. 1/1/68

A CONTRACT OF THE SAME STATES OF THE SAME A My Line in the court of the control of the contro Refer to the last of the second of the secon ALAM LECSTERS DESCRIPTION OF A PART OF STATE OF the transfer of the party of th THE STREET STREET STREET ge the side of the

11	7 -2 170 0	BALTIMORE CITY	Y HEALTH DEPARTMENT			
1	5-530 72 0	G (1) 2 . C	TE OF DEATH REG. NO.	72 04643		
P	RTH NO. NAME OF DECEASED	CERTIFICA				
	pe or Print)	Schmidt	2. DATE AND HOUR OF DEATH			
3.	PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Whore deceased lived, II institution residence below admission) A. STATE B. COUNTY			
II H	ILL NAME OF (IF NOT IN HOSPIT, OSPITAL OR ADDRESS OR LOCAL STITUTION	AL OR INSTITUTION, GIVE STREET	C. CITY OR TOWN D. INSIDE CITY LIMITS?			
ľ	4.6		Baltimore YES NO			
Ľ	104 W. Ostend S	Street	104 W. Ostend Street			
5.	SEX 6. RACE	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years lost birthday)	II Under 1 Yr. It Under 24 His. Months Doys Hours Min.		
E	emale White	WIDOWED DIVORCED	Nov. 20. 1907 64	Total Total		
	USUAL OCCUPATION (Give kind of work the during most of working file, even if retired)	108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or loreign country)	12. CITIZEN OF WHAT COUNTRY?		
13.	HOUSENISE FATHER'S NAME	Home	Baltimore, Md.	USA		
	Conna Waishard	N N N				
15.	George Reichert Wos Decoused Ever in U. S. Armod Ford		Emma Seidling	ADDRESS		
(fe	s, no or unknown! (It yes, give war or dote:	s of service) SECURITY NO.				
	18. / 7 4 X I	CAUSE OF DEATH	H/	ne as # 4		
	DISEASE OR CONDITION DIR	RECTLY AND T	tastati Carcinona			
	LEADING TO DEATH					
	(This does not mean the mode of dying, e.g., heart laitue, asthenia, etc. It means the disease,					
	ANTECEDENT CAUSES ANTECEDENT CAUSES					
	DISEASES OR CONDITIONS, if a	***************************************				
	rise to the obove couse (A) UNDERLYING CONDITION lost	sioning me	A CONSEQUENCE OF:			
	COMPERTING CONDITION TOSE (C)					
NO	OTHER SIGNIFICANT CONDITIONS CON	NTRIBUTING				
ATI	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART	[] (Δ).		***************************************		
CERTIFICATION	19A DATE OF OPERATION 19B CONE WAS PERF	ORMED	20A- AUTOPSY? (Yes or No.) 20B, IP YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?		
CAL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Inotity medical examines	218. PLACE OF INJURY (e.g., in home, lorm, lactory, street, off etc.)	n or obout 21 C. WHERE DID (II in Boltimor injury OCCUR?	re City, give exect focotion)		
MEDI	21 D. TIME (Month) (Doyl (Year) OF INJURY	(Hour 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?			
2	(APPROX)	While At At Work				
	22. I certify that (1) (this hospital) ottended the deceased fram 60 10 1920 to May 1922					
	that (1) (we) last saw the deceased alive on May 12 1972 and that in (my) (our) opinion death occurred on the date					
	and how and from the causes stated obave. (1) (We) (did) (did not) view the bady after death.					
	3A/SIGNATURE 23B. DATE SIGNED					
Attending Med. Stoff Phys. Director Phys. 3						
23 C. PHYSICIAN'S NAME (Type) LOZADA 23 D. ADDRESS (228 S. Challe St. Pett. 19272						
24A	BURIAL CREMATION, 24B, DATE REMOVAL (Specify)	24C. MAME of CEMETERY of CREA	MATORY 24D. LOCATION (CI	ty, town, or county) (Stote)		
	Burial 5-17-72	1 1 0 1 6	tery Balto.	MJ/		
25A	INV 4 a ARREST CO.	258 NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS		
11	990	Jel 3.2 0 0	-Ac Gully -130 E. Fort	Ave. Balto. Md. 21230		
VS	150-REV. 1/1/68		9 9 9 9			

3 2 7 · C780 and the same of the The state of the s . , This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

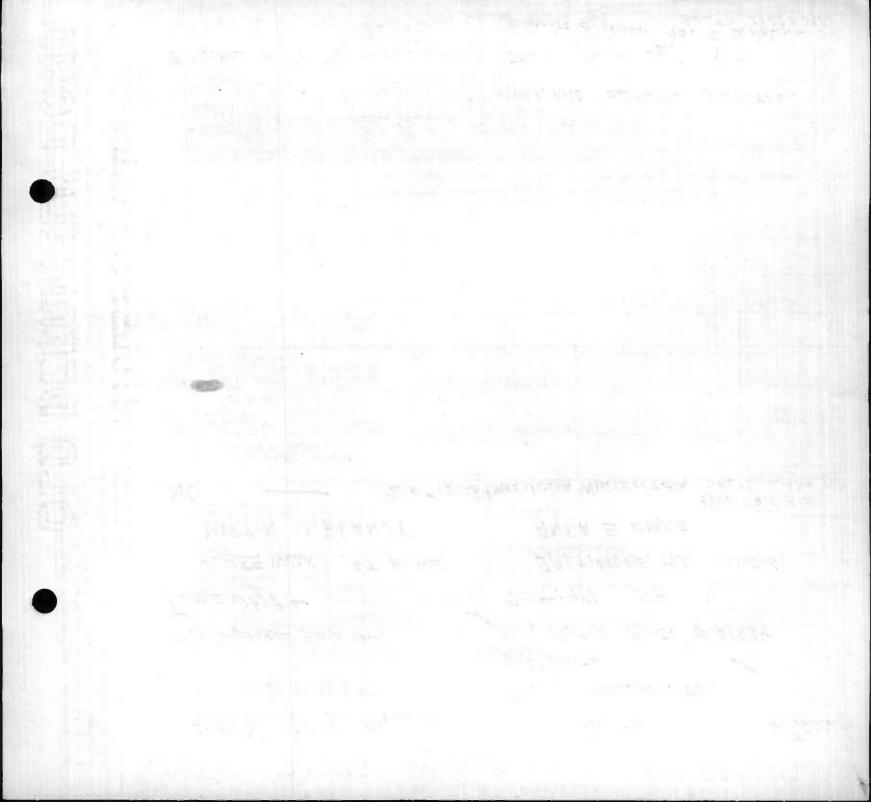
	BALTIMODE CITY	/ LIE A LTILL DED A DTA LES LE	MO OACAN				
BIRTH NO.		TE OF DEATH REG. N.	72 04644				
1. NAME OF DECEASED		2 DATE AND HOUR OF D	EATH 1/h				
GEORGE PI	ECHOCKI	May 14, 197	12 1 873 A.				
3. PLACE IN BALTIMORE, MARYLAND, WH	ERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived	d. If institutions residence before admission)				
FULL NAME OF (IF NOT IN HOSPITAL HOSPITAL OR ADDRESS OR LOCATI	OR INSTITUTION, GIVE STREET	Md. Balimore	2758				
INSTITUTION 1924 WOOdboy	rne Ave	C. CITY OR TOWN D. INSIDE CITY LIMITS?					
Baltimore Md		Baltimore E. STREET AND NUMBER	YES 🔀 NO 🗌				
O O Ballinolo Mo							
		1924 Woodbourne	lve				
5. SEX 6. RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In your last birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.				
	WIDOWED DIVORCED	April 17 1890 82	Min.				
10A, USUAL OCCUPATION (Give kind of work 10 done during most of working life, even if retired)	B KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY?				
Pipe Fitter Retired	mericansmetting	~					
13. FATHER'S NAME	efing co.	Germany 14. MOTHER'S MAIDEN NAME	U.S.A				
		THE STANDER NAME					
Martin Piechocki		Marianna Novak					
15. Was Deceased Ever in U. S. Anned Forces (Yas, no or unknown) (If yes, give wor or dates of	of servicel SECURITY NO.	17. INFORMANT	ADDRESS				
No	212-10-1199-A	Mrs, Marie Vaeth 19	324 Woodbourne Ave				
18.4/// 9 1	CAUSE OF DEATH		APPROXIMATE INTERVAL				
DISEASE OR CONDITION DIREC	TLY	~ ~ ~	BETWEEN ONSET AND DEATH				
LEADING TO DEATH		Sonden Och Milan	n muldiste				
(This does not mean the mode of dy heart failure, asthenia, etc. It means the Injury or complication which caused de	a disease.	CONSEQUENCE OF	***************************************				
	am.,						
ANTECEDENT CAUSES	(B)						
DISEASES OR CONDITIONS, if any rise to the above cause (A) st	, giving DUE TO, OR AS	A CONSEQUENCE OF:					
UNDERLYING CONDITION last.	(C)						
11							
OTHER SIGNIFICANT CONDITIONS CONTI	RIBUTING						
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 1	(A).						
OTHER SIGNIFICANT CONDITIONS CONTI TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 1974. DATE OF OPERATION 1796. CONDITION WAS PERFOR	ON FOR WHICH OPERATION	20A AUTOPSY? (Yes er No.) 20B, IF YES, W	FRE FINDINGS CONSIDERED CAUSES OF DEATH?				
U 21A ACCIDENT WAS UNDERLYING	218 PLACE OF INTHOVA-						
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, off etc.)	or obout 21 C. WHERE DID (If In Bo	filmore City, give exect location)				
21D.TIME (Month) (Doy) (Yeer) (I	Hour 21 & INJURY OCCURRED	21F. HOW DID INJURY OCCUR?					
E (APPROX)	While At Not While						
	Work At Work	4010	10				
22. I certify that (1) (this hospital) a		19 19 to 1	1917				
·	hat (1) (Nex.) last saw the deceased alive an VIALLY 9 1972 and that in (my) (our) opinion death occurred an the date						
and hour and from the causes stated	and hour and from the causes stated abave. (1) (We) (did) (did not) view the bady after death.						
23A. SIGNATURE	3A. SIGNATURE 23B. DATE SIGNED						
Trames & Wh	Atten	ding Med. Staff	May 15/7:				
23CSPHYSICIAN'S NAME (Type)	OEGREE PHYS.	Med. Stoff Phys. 3D. ADDRESS	1/1/11/11/12				
NAME (Type) JAMES I	E. White MD	5214 Harford Rd,	Bolfmud 2/2/4				
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CREA	AATORY 24D. LOCATION	(City, town, er county) (State)				
Burial 5/17/72	St.Stanislaus	Baltimore	, Maryland				
25A. DATE REC'D BY HEALTH DEPT. 251	NAME OF REGISTRAR	25C, FUNERAL DIRECTOR	ADDRESS				
MAY 1 6 1972 Rees	327,200	OL E Sallowski & Sons	1808 Eastern Ave				
/S 150-REV. 1/1/68	TANK TO THE PARTY OF THE PARTY						



FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1 2	BALTIMORE CITY	HEALTH DEPARTMENT		
72 04645		TE OF DEATH	REG. NO.	72 04845
BIRTH ITO.	CERTIFICA	TE OF DEATH		
I.NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	100
BRANDT, MARY	1	5/13	122	6 RMOM
3. PLACE IN BALTIMORE, MARYLAND, WARE PRON	OUNCED DEAD	A. STATE & COUN	e deceased lived, If in:	stitution: residence before admission)
FULL NAME OF (IF NOT IN HOSMTAL OR INS' HOSMTAL OR ADDRESS OR LOCATION)	TTUTION, GIVE STREET			DE CITY LIMITS?
48		BALTOMORE E. STREET AND NUMBER		YES NO
Md. GENERAL HESPITAL		3216 Foster	AVEN #	21224.
5. SEX 6. RACE 7. MARRIE	D NEVER MARRIED	8. DATE OF BIRTH	ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
FEMALE WAITE WIDOWE		7-13-1917	54	
IOA. USUAL OCCUPATION (Give Lind of work IOB, KIND done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn country!	12. CITIZEN OF WHAT COUNTRY
	HOME	BAITIM	105 40	U.S.A.
13. FATHER'S NAME	77 0792	14. MOTHER'S MAIDEN NAM	ORE, MD.	4.3141
MARTIN J. BRAI	UDT		EMRE	
15. Was Deceased Ever in U. S. Armed Forces?	16. SOCIAL	17. INFORMANT	·	ADDRESS
(Yes, no or unknown) (If yes, give war or dates of service	A 1 A	MRS, JULIA WIN-	TROSTEINI	905 FAIT AVE. BALTO, 21224 MD.
18. / 1/4X	CAUSE OF DEAT		FROTEIN	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		\cap		BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAU	SE (Orcinomo	~ of Bran	**
This does not mean the mode of dying, e, heart failure, asthenia, etc. It means the diseas	7.		1	***************************************
injury or complication which caused death.	-	11/	U	
ANTECEDENT CAUSES	01	nexastase		
DISEASES OR CONDITIONS, if any, givin	DUE TO, OR AS	A CONSEQUENCE OF:		**********
rise to the above cause (A) staling It UNDERLYING CONDITION last.	(c)			
	(0)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				Section 1
E TO THE DEATH BUT NOT RELATED TO THE TERMINA				
DISEASE OF CONDITION GIVEN IN PART 1 (A).	WHICH OPERATION	20A. AUTOPSYT (Yes or No)	208 IF YES WERE FI	INDINGS CONSIDERED
WAS PERFORMED			IN CERTIFYING CAU	SES OF DEATH?
OR CONTRIBUTING CAUSE OF	IB PLACE OF INJURY (e.g., in ome, larm, loctory, street, of c.)	or about 21C. WHERE DID	(If in Baltimore	City, give exact location)
OF INJURY (Month) (Doyl (Year) (Haur) 21	E INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?	
I (APPROY)	Vhile At Not While			
22. I certify that (1) (this hospital) attended		7/10	3 F	112/2
	- 11 -	1/15	2 240	19
that (V (we) last saw the deceased alive an	~ / /		t in (my) (aur) apin	on death accurred on the date
and hour and fram the causes stated above	(1) (We) (dld) (dld not) v	lew the bady after death.		
23A. SIGNATURE	- 40			23 B. DATE SIGNED
Willald A. Healo	Degree Phys	nding Med. Sirector F	hys.	5//3/72
Z3C.PHYSICIAN'S NAME (Type)		3D. ADDRESS		111
DANACD N. HI	S/ND.MI	MARYLAND G	ENERAL A	HUSFITAL,
24A. BURIAL CREMATION, 24B. DATE 24C.	NAME OF GEMETERY OF CRE	MATORY 24D. LO	CATION (City	, town, or county) (State)
REMOVAL (Specify)	1		- 11	P. Dac MA
	CRED HEART	CEMETERY 7401	DERMAN HILL	N). DHICO, MU,
MAY 1 6 1972		Thatly Son	üler 901	SI CONKLING ST.
V\$ 150-REV. 1/1/68			DAL	- IUI SISINFINI



72	10 11	-	
100	1 .	Sec.	3 6
1 hours	6 3 4 4	()	28

	75 0	4616	BALTIMORE CITY H	HEALTH DEPARTMENT	
I-100	N	IEDICAL	EXAMINER'S	CERTIFICATE OF	DEATH,

BIRTH NO.	REG. NO.
1. NAME OF DECEASED (Type or Print) LITTITAM TORRET	2. DATE Known Manth Day Year Hnur
(Type or Print) WILLIAM B, JOBBI	OF DEATH Estimoted
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD May 14, 1972 2:25 A. M.
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
BALTIMORE CITY HOSPITAL	A. STATE Maryland B. COUNTY 2646
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male White WIDOWED DIVORCED	Baltimore YES NO NO
	4
June 24, 1952 Jost birthdoy) 19 Honder 1 Yr. If Under 24 Hrs. Months Days Haurs Min.	6435 Hartwait
11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF	13. FATHER'S NAME
Baltimore, Maryland WHAT COUNTRY'S.A.	James lobbi
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR	
done during mast of warking life, even il retired)	C - I - Ci-
Service Station Manager 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	Gerelene Craig 18. INFORMANT ADDRESS
(Yes, no or unknown) ((11 yes, give war or dates of service) 212-60-7541	Mr. James Iobbi, 6435 Hartwait Street, 21224
19. CAUSE OF DEA	
KY60X	BETWEEN ONSET AND DEATH
DISEASE ON CONTRINCT SINCERE	ound of neck
LEADING TO DEATH (This does not mean the made of dylng, e.g., DUFTO, OR	CAUSE
heart loilure, asthenia, etc. It means the disease, injury or complication which coused death.)	AS A CONSEQUENCE OF:
mary or complication which course decising	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION W	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)
	yes
22A. EXTERNAL CAUSE WAS 228.PLACE OF INJURY(e.g. UNDERLYING AOR CONTRIB. home, larm, lactory, street, alfi	in or about 22C. WHERE DID (II in Soltimore City, give exact location) ce bldg., etc.) INJURY OCCUR?
UTING CAUSE OF DEATH. House	8222 Bear Creek Drive
OF INJURY (Manth) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
(APPROX) 5 1/ 70 1 EE A WHILEAT NO	WORK Stabbed during altercation
23.	
	and that on this basis, deoth in my apinion
resulted from: Natural couses Accident Suici	de Homicide Undetermined manner
1) 11/1/1	CHIEF MEDICAL EXAMINER
SIGNATURE MINISTRAL	ASSISTANT MEDICAL EXAMINER 🔀
EXAMINER'S O Ronald N. Kornblum, M.D.	ASSOCIATE MEDICAL EXAMINER 5/14/72
NAME (Type)	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	ar CREMATORY 24D. LOCATION (City, town, or county) (State)
Burial 5/17/72 Holy Redeemen	Cemetery Baltimore, Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
MAY 1 6 1972 Robert E. Falley M.D.	Joseph N., Zannino, 263 S. Conkling St.
	A Jaseph 11 Zummio, 200 J. Comming Jr.

Samuel Againe, 200 S. Constitutions THE ST COLUMN

IMPORTANT FUNERAL DIRECTOR:

Such of death (4) Undetermined cause; (5) Deceased LO O hospital death. ance contributing cause attend 0 prior regular made deceased .5 isposition 5 MOS assistant death HO 0 final attendance any pronounced OF embalmed fracture of examiner מב regul who GTO ල 2 physician remains the chief medical Was medical burns; physician the (2) Body the 0 before where 2 to the hospital any nature; obtained 9 approved (except and eq 0 death) hospital the body was released shows: (1) An accident must 10 0

prior

40

D.O.A.

SOM

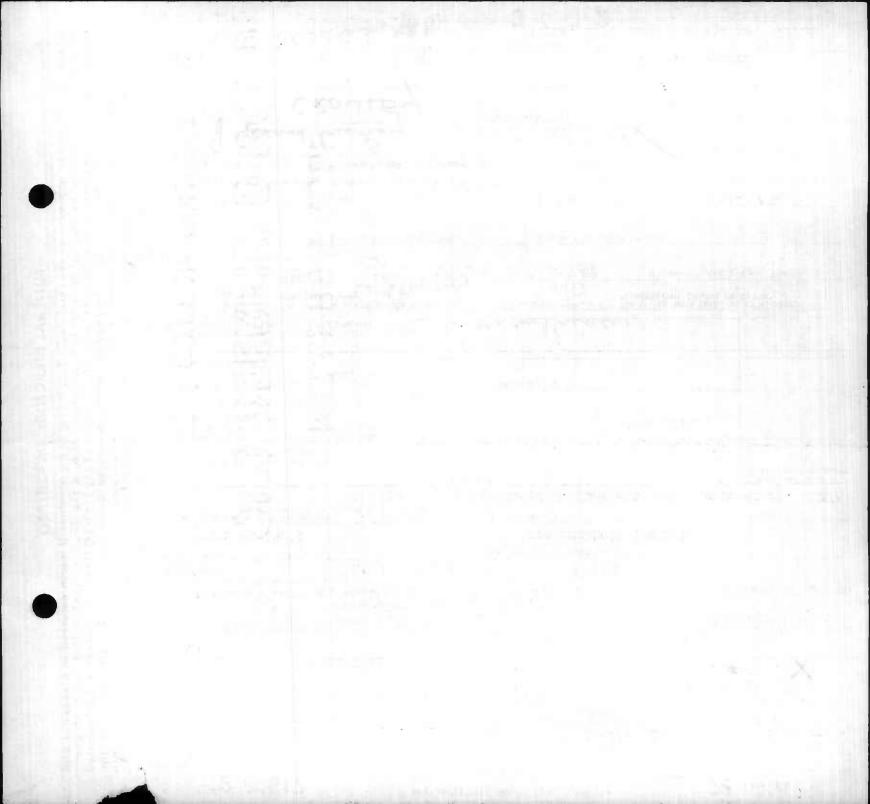
VS 150-REV. 1/1/68

shows:

BALTIMORE CITY HEALTH DEPARTMENT 72 (4647 CERTIFICATE OF DEATH REG. NO. BIRTH NO. I NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) M 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD USUAL RESIDENCE IWhere deceased lived. If institutions residence A. STATE before admission) FULL NAME OF HDSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) ndC. CITY OR TOWN D. INSIDE CITY LIMITS? YES S. NO MARYLAND GENERAL HOSPITAL E. STREET AND NUMBER 01000 5. SEX 6. RACE 8. DATE OF BIRTH 9. AGE Un years If Under 1 Yr. Months: Days 7. MARRIED NEVER MARRIED II Under 24 Hrs. Hours lost birthday WIDOWED DIVORCED ICA. USUAL OCCUPATION Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired) Retired City Employee 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Rose Buckheit (Manner) Peter Buckheit 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (it yes, give war or dates of service) 6. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Edward M. Buckheit 3808 Coromado Rd. 21207 -48-3783 CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO. OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It means the disease. Injury or complication which caused death.) ANTECEDENT CAUSES DUE ID, DR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost CERTIFICATION DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ! (A) 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes of No. 208 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 9 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If In Boltimore City, give exact location) MEDICAL DEATH (notify medical examined (Month) (Doyl (Year) (Hour) 21 E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX) Work At Work 22. I certify that (1) (this hospital) attended the deceased from 5-15.72 5.15.72 that (i) (we) lost sow the deceased alive an and that in(my) (our) apinion death accurred on the date ond hour and from the causes stated above. (1) (#E) (did) (did wot) view the bady after death. 23A. SIGNATHRE 238 DATE SIGNED Attending [Med. Staff Phys. exame approval Phys. Director 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) DEGREE deceased written ap 24A. BURIAL CREMATION, 24R. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (State) REMOVAL (Specify) Burial 5/19/72 Woodlawn Woodlawn, Maryland 258, NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS

1630 Edmondson Avenue

21228



this certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

HOTE	I NO.			CERTIFICA	IE OF DEATH	/	
.NA	ME OF DECI	A PPI FGAR	TH EDV	VARD ADAM	2. DATE	14, 1972	1.40PM
L PL	ACE IN BALT	MORE MARTLAND, V			14 USUAL RESIDENCE (WI	nere deceased lived. If	institution: residence before admission)
ULL 10S	NAME OF			TUTION, GIVE STREET	MARYLAND	BALTIMORE	E ISIDE CITY LIMITS?
NSTI	TUTION	ST AGNES	HOSPI	TAL	BALTIMORE E. STREET AND NUMBER	0. 114	YES NO X
	1				6002 KEITH	MONT COURT	21228
SE	MA LE	CAUCASIAN	7- MARRIED WIDOWED	NEVER MARRIED DIVORCED	06/26/18	9. AGE (In years last hirthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
no i		rorking life, even If retired)		F BUSINESS OR INDUSTRY	MARYLAND	reign country!	U S A
	ATHER'S NAA	- 1	0131	1 4 4 4 1 1	14. MOTHER'S MAIDEN N	AME	U 3 A
		APPLEGART	H	LAte)	HELEN BELL		
W	es Decoused	Ever in U. S. Armed Fo	12067	1 & SOCIAL	17. INFORMANT		ADDRESS
e 8, 1	no of unknown) YES	WW2	es of Service)	220 05 9063	ST AGNES HO	SPITAL BAL	TO MD 21229
1	B. 4/O	E OR CONDITION D	RECTI Y	CAUSE OF DEAT		raioscle	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
		NTECEDENT CAUSES	\$	(B) Reent	Thrombosi A CONSEQUENCE OF:	o Left A	nterior
	DISEASES OF THE UNDERLYING OTHER SIGNIFIC OTHE DEATH	R CONDITIONS, if above cause (A) CONDITION lest. Il CANT CONDITION CONDITION S CONDITION OF CONDITION S CONDITION GIVEN IN PAINT OF CONDITION GIVEN IN PAINT CONDITION GIVEN GIV	any, giving stating the stating the stating the stating the stating the stating that it is to be a stating tor be a stating to be a stating to be a stating to be a stating to	(B) Reent DUE TO, OR AS (C) ACUSE	Thrombosi A CONSEQUENCE OF: Later Vendor	s Left A ray art cutal Sep	E FINDINGS CONSIDERED
	DISEASES OF THE UNDERLYING OTHER SIGNIFIC OTHE DEATH	R CONDITIONS, if above cause (A) CONDITION last. II CANT CONDITION S CONDITION S CONDITION GUARTED TO SONDITION OF THE CONDITION OF THE CONDI	any, giving stating the stating the stating the stating the stating the stating that it is to be a stating tor be a stating to be a stating to be a stating to be a stating to	(B) Reent DUE TO, OR AS (C) ACUSE	Thrombosi A CONSEQUENCE OF:	now and and subject the subject to t	eyel Myocardial by E FINDINGS CONSIDERED CAUSES OF DEATH?
0700	DISEASES OF CONTROL OF THE PARTY OF THE PARTY OF CONTROL	R CONDITIONS, if above cause (A) CONDITION last. II CANT CONDITION S CONDITION S CONDITION GUARTED TO SONDITION OF THE CONDITION OF THE CONDI	any, giving stating the stating the serminal RT 1 (A).	(E) Rent DUE TO, OR AS CLE SE (C) ACLUS ON WHICH OPERATION B. PLACE OF INJURY Ing., Ign.,	Thromboso A CONSEQUENCE OF: Pater Versitar	IN CERTIFYING C	E FINDINGS CONSIDERED
	DISEASES OF CONTROL OF THE PARTY OF THE PARTY OF CONTROL	R CONDITIONS, if above cause (A) CONDITION last. CONDITION last. CANT CONDITION S CONDITION GIVEN IN PAINT OPERATION 198. CONDITION 198. CONDITION S PER 117 WAS UNDERLYING TINO CAUSE OF	eny, giving stating the stating the terminal rt (A). We will the terminal representation for	(E) Rent DUE TO, OR AS CLE SE (C) ACLUS ON WHICH OPERATION B. PLACE OF INJURY Ing., Ign.,	20A AUTOPST? (Yes or YE S in or about 21C, WHERE DID fiftice bidg., INJURY OCCUR?	(II In Boltim	E FINDINGS CONSIDERED AUSES OF DEATH?
2200	DISEASES OF SIZE OF THE SIGNIFIC OF THE DEATH DISEASE OF CO PALDATE OF THE DEATH (nosity APPROX.)	R CONDITIONS, if above cause (A) CONDITION (A) CONDITION (ASL.) CANT CONDITION (ASL.) CANT CONDITION SCONDITION S CONDITION GIVEN IN PAIN OPERATION 1178, CONTINO CAUSE OF medical examined (Month) 1Day) (Year) that (1) (this hospital form the couses stored)	any, giving stating the statin	WHICH OPERATION B. PLACE OF INJURY Ing. ma, farm, factory, street, or E. INJURY OCCURRED Mile At Mork the deceased from 05/11/72 (W (We) (did) (d)(8)(4)(4)	20A AUTOPST? (Yes or YES) In er about 21C, WHERE DID (Mice bidg, INJURY OCCUR? 21F. HOW DID II	IN CERTIFING C (II In Boltim NJURY OCCUR? 19to(that in (i)(y) (our) of	E FINDINGS CONSIDERED AUSES OF DEATH? FOR City, give exect location) 15/14/72 19 Pinion death accurred on the da 238. DATE SIGNED
2001	DISEASES OF CONTROL OF THE PARTY OF CONTROL	R CONDITIONS, if above cause (A) CONDITION last. CANT CONDITION last. CANT CONDITION S CONDITION GIVEN IN PARTICULAR IN PARTIC	any, giving stating the statin	WHICH OPERATION B. PLACE OF INJURY Ing. ma, farm, factory, street, or E. INJURY OCCURRED Mile At Mork the deceased from 05/11/72 (W (We) (did) (d)(8)(4)(4)	20A AUTOPST? (Yes or YES) In or about 21C, WHERE DID flice bidg. INJURY OCCUR? 21F. HOW DID II 10	IN CERTIFING C (II In Boltim NJURY OCCUR? 19to that in (h(y) (our) of the phys.)	E FINDINGS CONSIDERED AUSES OF DEATH? FOR City, give exect location) 1238. DATE SIGNED 5-14-72
NOINT TO THE PROPERTY OF THE P	DISEASES OF SIZE OF THE PARTY OF THE PEAT OF THE DEAT OF THE DEAT OF THE DEAT OF THE PEAT	INTECEDENT CAUSES R CONDITIONS, if above cause (A) CONDITION lost. II CANT CONDITION CO. H BUT NOT RELATED TO. DONDITION GIVEN IN PAI OPERATION 1178. COP WAS PER IT WAS UNDERLYING TING CAUSE OF medicol examined (Month) IDoy) (Year) that II) ((this hospital last saw the deceas I from the couses sta	eny, giving stating the stating the ERMINAL RT 1 (A). (House Chocked	WHICH OPERATION B. PLACE OF INJURY Ing. ma, farm, factory, street, or E. INJURY OCCURRED Mile At Work the deceased from 05/11/72 (W (We) (did) (d)(8)(4)(4) Atheres	20A. AUTOPST? (Yes or YES) In er about 21G. WHERE DID (MICE) 21F. HOW DID II 10	IN CERTIFING C (II In Boltim NJURY OCCUR? 19to that in (n)(y) (our) of that in (n)(y) (our) of the	E FINDINGS CONSIDERED AUSES OF DEATH? FOR City, give exact location 1238. DATE SIGNED 5-14-72

Such

no. 1/240	BALTIMORE CITY	HEALTH DEPARTMENT		16 1.1	
72 04649	CERTIFICA	TE OF DEATH	REG. NO	72-09	1649
IRTH NO. * NAME OF DECEASED			AND HOUR OF DEAT	Н	
Type or Print) JULIER, WILLIAM	LLOYD		1AY 14,197		11:15A
PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (W	here deceased lived. If	institution: reside	ance before admission)
THE NOT IN HOCKET OR IN	CHITHEON CIVE CTREET	MARYLAND	JAH		824
FULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION) NSTITUTION	SITUTION, GIVE STREET	C. CITY OR TOWN	D. IN	ISIDE CITY LIMIT	5?
		BALTIMORE		YES X	NO 🗌
ST. AGNES HOSPITAL		E. STREET AND NUMBER		01000	
70	Statement in the	833 GLEN /	ALLEN DR.	21229	
SEX 6. RACE 7. MARR	IED NEVER MARRIED	8. DATE OF SIRTH	9. AGE (In years lost birthdoy) 61	If Under 1 Months! Day	Yr. If Under 24 Hrs.
MALE CAUCASIAN WIDOV		0//19/10			
A. USUAL OCCUPATION (Give kind of work 108, KIND one during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or to	oreign country)	12. CITIZEN	OF WHAT COUNTRY
TECHNICIAN Bal	timore Gas & Ele	MARYLAND		USA	
FATHER'S NAME		14. MOTHER'S MAIDEN N			
WILLIAM FREDERICK JUL	IER (deceased)	NELLIE (INC	GHAM) (dec	ceased)	
S. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		WILKENS	DRESS CATON
(es, no or unknown) (If yes, give wor of dates of servi	212 05 6015	ST. AGNES	DECODDE	BALTO M	
18. //// 9	CAUSE OF DEAT			I Al	PPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY				BETW	VEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAL	iss M.J.		1	15 min
(This does not meon the mode of dying, heart foilure, osthenio, etc. It meons the dise	B.g., DUETO OR AS	A CONSEQUENCE OF:			
injury or complication which coused death.)	J36,				
ANTECEDENT CAUSES	(0)	SCVD			yearn.
DISEASES OR CONDITIONS, il ony, giv		A CONSEQUENCE OF:			g
rise to the obove couse (A) stating UNDERLYING CONDITION lost.	(c)				
11	(0)				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG				
TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	IAL		•		
19A. DATE OF OPERATION 1198, CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 20B, IF YES, WER	E FINDINGS CO	NSIDERED
		INO			
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, factory, street, o	fice bldg., INJURY OCCUR?	(It in Boltim	nore City, give ex	oct locotion)
	etc.)				
21D.TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?		
(APPROX.)	While At Not Whi	•			
22. I certify that () (this hospital) attended	ed the deceased from	1AY 14.	19 72 to M	IAY 14,	19 72
22. I certify that (X) (this haspital) attended that (X) (we) last saw the deceased alive	MAY 14,	19.72 and	that In (m) (aur) o	pinian deoth a	sccurred an the dat
and hour and fram the causes stated above					
23A. SIGNATURE	C. C	222) 21.21 30011		23B, DATE SI	IGNED
1.1/1ho	Phy	ending Med.	Staff Phys.	5 14	72
23 C. PHYSICIAN'S	OCOREC		TO. MD. 21		, _
I MARAP (Tuna)		1 Med 1	1 1/2 - 1 11/1 - /	/ / -1	

DEGREE ST. AGNES MOL J. 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATORY

HOSPITAL-CATON 3 24D. LOCATION (Stote)

New Cathedral

REC'D BY HEALTH DEPT.

25B. NAME OF REGISTRAR

Baltimore, Maryland

25C. FUNERAL DIRECTOR

Edmondson Avenue

ADDRESS

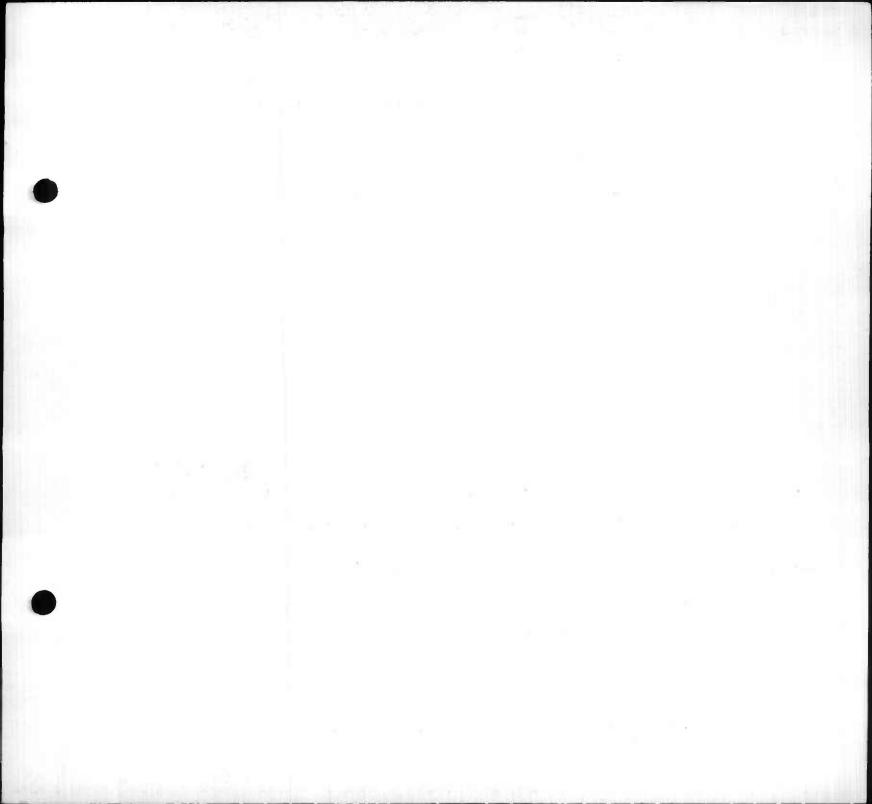
ST. ASHES HOSPITAL-CATTAIN WILKERS HVES. A HOL WE 88.Y 111, MAX 13.1 IST. MEES PERGRES BALTO NO 21 MITKELL ATTEMPT SHEERISTUR ORTHER THE FEET OF HIS TITLE THE REPORT OF THE PROPERTY OF 05/25/10/15/06/19 ZES EFER WITELLIE E I SIGN

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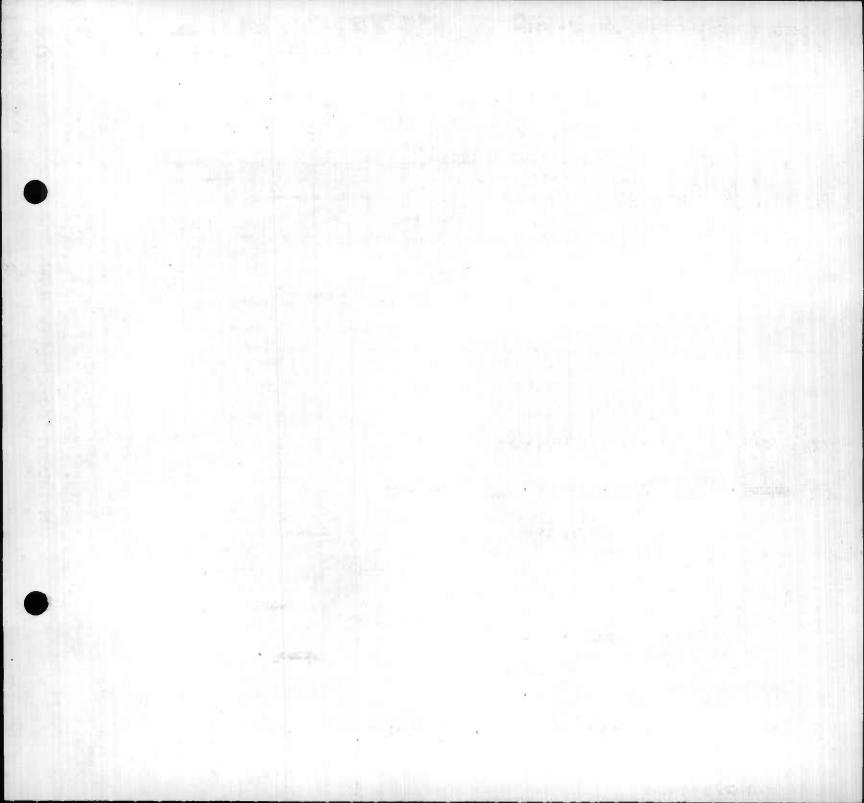
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and IMPORTANT FUNERAL DIRECTOR:

C-146

BATTMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. 72 04650 BIRTH NO. I. NAME OF DEFERSED IT ye or Prind Cauler Mr. Horace M. I. PARCE IN BATTMORE MARTLAND, WHERE PRONOUNCED DEAD II. SAME OF BATTMORE MARTLAND, WHERE PRONOUNCED DEAD WILL NAME OF BY NOT IN NOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION. RESTORMAND OF BY NOT IN NOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION. RESTORMAND OF BY NOT IN NOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION. RESTORMAND OF BUSINESS OR INDUSTRY III. STREET AND NUMBER GO SHOWN BY NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR BY NOT IN NOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR BY NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR BY NOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR BATTMORE MARTLAND, WHERE PRONOUNCED DEAD AND SHAP OF BUSINESS FACE WILL NAME OF BUSINESS OR INDUSTRY III, BIRTHHACE (Stole or lorsing country) 12. CHIZEN OF WHAT OR MARTLAND, WAS TRANSPORTED BY NOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR BY NOSPITAL OR INSTITUTION OF BUSINESS OR INDUSTRY III, BIRTHHACE (Stole or lorsing country) 12. CHIZEN OF WHAT OR MARTLAND, WAS TRANSPORTED BY NOSPITAL OR INSTITUTION OR ADDRESS IN WES Decembed flow in U. S. Armed Forest Serviced I. SOCIAL NOSPITAL OR INSTITUTION OR ADDRESS IN WES DECEMBED BY NOSPITAL OR INSTITUTION OR ADDRESS IN WES DECEMBED BY NOSPITAL OR INSTITUTION OR ADDRESS IN WES DECEMBED BY NOSPITAL OR INSTITUTION OR ADDRESS IN WES DECEMBED BY NOSPITAL OR INSTITUTION OR ADDRESS IN WES DECEMBED BY NOSPITAL OR INSTITUTION OR ADDRESS IN WES DECEMBED BY NOSPITAL OR INSTITUTION OR ADDRESS IN WES DECEMBED BY NOSPITAL OR INSTITUTION OR ADDRESS IN WES DECEMBED BY NOSPITAL OR INSTITUTION OR ADDRESS IN WEST DECEMBED BY NOSPITAL OR INSTITUTION OR ADDRESS IN WEST DECEMBED BY NOSPITAL OR INSTITUTION OR ADDRESS OF DEATH OR ADDRESS OF DEAT
Comparison Control C
S. PRACE IN BALLINORE, MARKLAND, WHERE PRONOUNCED DEAD FULL NAME OF BALLINORE, MARKLAND, WHERE PRONOUNCED DEAD FULL NAME OF BALLINORE, MARKLAND, WHERE PRONOUNCED DEAD A STATE IS. COUNTY B. COUNTY B. COUNTY C. CITY OR TOWN D. INSIDE CITY UMITS? YES D. NO. C. CITY OR TOWN D. INSIDE CITY UMITS? YES D. NO. C. CITY OR TOWN D. INSIDE CITY UMITS? YES D. NO. C. CITY OR TOWN D. INSIDE CITY UMITS? YES D. NO. C. CITY OR TOWN D. INSIDE CITY UMITS? YES D. NO. C. CITY OR TOWN D. INSIDE CITY UMITS? YES D. NO. I. S. SARE AND NUMBER AND WERE PRONOUNCED D. NORCED D. N. ADE By years of the wind were lost with the service of the point of which is the service of the point of which is the service of the point of which is the service of the service of the point of which is the service of
ULL NAME OF INSTITUTION COURT ADDRESS OR LOCATION
S. SEK G. RACE
5. SEK G. RACE
SEX
Retired - Guard Md. Penitentiary Maryland USH 13. FATHER'S NAME HOTOCE M. Councy I.S. Was December Eve in U. S. Armed Forces? (Yos, no or unknown) (If yes, give wor or doles of service) Jes Will 1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart failure, osthenia, etc. I means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, il any, giving rise to the above cause (A) sloting the UNDERLYING CONDITION GOOD, or CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). OTHER SIGNIFICANT CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION OR CONTRIBUTING CAUSES OF DEATH OR CONTRIBUTING CAUSES OF DEATH OR CONTRIBUTING CAUSE OF INJURY (e.g., in or about 21C, where DID IN CERTIFIING CAUSES OF DEATH! OR CONTRIBUTING CAUSE OF INJURY (e.g., in or about 21C, where DID IN CERTIFIING CAUSES OF DEATH! OR CONTRIBUTING CAUSE OF INJURY (e.g., in or about 21C, where DID IN CERTIFIING CAUSES OF DEATH! OR CONTRIBUTING CAUSE OF INJURY (e.g., in or about 21C, where DID IN CERTIFIING CAUSES OF DEATH! OR CONTRIBUTING CAUSE OF INJURY (e.g., in or about 21C, where DID INJURY OCCUR? While At I Mork Will May Work INJURY OCCUR? While At I Work INJURY (work INJURY OCCUR?) While At I Work INJURY (work INJURY OCCUR?)
Retired - Guard Md. Penitentiary Maryland 13. Father's Name Horce VI. Cauley Sr. Decembed 14. Mother's Maiden Name Horce VI. Cauley Sr. Decembed 15. Was Daseased Ever in U. S. Armed Forces? 15. Was Daseased Ever in U. S. Armed Forces? 16. SOCIAL SCURITY NO. 217-05-1785 Mrs. Mildred Caviler 905 Stamford Rd. 18. J.
13. FATHER'S NAME HOTCLE VI. Caniler St. 15. Was Dasessed Ever in U. S. Armed Forces? (Texnoor unknown) illy exp. give wor or doles of service) 15. Was Dasessed Ever in U. S. Armed Forces? (SEURIT NO. 217-05-1785) 16. SOCIAL (Texnoor unknown) illy exp. give wor or doles of service) 17. INFORMANT ADDRESS WW 1 18. CAUSE OF DEATH CAUSE OF DEATH (This does not meen the mode of dying, e.g., heart foilure, esthemic, etc. II means the disease, injury or complicion which coused death.) ANTECEDENT CAUSES DISEASE OR CONDITIONS, il ony, giving rise to the obove cause IA) stoling the UNDERLYING CONDITION Social (C). OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION PART I (A). OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION OTHER OF INJURY (A) ACCIDENT WAS UNDEALING (A) ACCIDENT WAS UNDEALING (C). OTHER OF INJURY (A) ACCIDENT WAS UNDEALING (C). OTHER OF INJURY (A) ACCIDENT WAS UNDEALING (C). ANDTECEPT (A) ACCIDENT WAS UNDEALING (C). CONTRIBUTING CAUSE OF INJURY (a, c), in or obout [21C, WHERE DID (If in Baltimore City, give exact location) which causes of DEATH! OTHER OF INJURY (Month) (Doy) (Year) (Hour) (Tean) (Hour) (Tean) (Month) (Doy) (Year) (Hour) (A) While AI (Month) (Month) (Month) (Doy) (Year) (Hour) (A) While AI (Month) (A) Work (A
15. Wes Decessed Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO. 17. INFORMANT 17.
SECURITY NO. SECURITY NO. SECURITY NO. SECURITY NO. 217-05-1785 Mrs. Mildred Caviler 905 Stamford Rd.
CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heert foilure, cashenic, etc., it means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, it any, giving nise to like above cause IA) stoling the UNDERLYING CONDITION lost. (C) OTHER SIGNIFICANT CONDITION SCONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION (PRACTICAL ID) OTHER SIGNIFICANT CONDITION POR WHICH OPERATION OF CONTRIBUTING CONDITION (PRACTICAL ID) OR CONTRIBUTING CAUSE OF DEATH? OR
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OF INJURY IAPPROX.) Control of Injury occurs Control of Injury occurs
AT WORK
22. I certify that (I) (this hospital) attended the deceased from 7 / / 72 19 to 5 / 6 / 72 19 that (I) (we) last saw the deceased olive an 5 / 6 19 ond that In (my) (our) opinion death occurred on the control of the
and have and from the causes stated above. (1) (We) (did) (did not) view the bady after death.
23A. SIGNATURE Part Ohn Berograph M. B. Attending Med. Stoff 23B. DATE SIGNED
23C. PHYSICIAN'S NAME (Type) PUTCH ARA BOONPRAKONG-MD
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City. town, or county)
Burial 5/17/72 Loudon Park Cemetery Baltimore, Maryland
25A. DATE REC'D BY HEALTH DENT. 226. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
WAY 16 1630 Edmondson Avenue vs 150-REV. 1/1/68



		10-21		BALTIMORE CITY	HEALTH DEPARTMENT		72 04	1651
BIRT	H NO. 72	(4651		CERTIFICA	TE OF DEATH	REG. NO.		
1. N	AME OF DECEA	SMAS J	. BE	ERCER Sr.	2. DATE	AY 14 19	72 1/2	2.130 P.
3. 1	LACE IN BALTIA	ORE, MARYLAND, W	HERE PRONC	DUNCED DEAD	4. USUAL RESIDENCE (VA. STATE B. CD	Where deceased lived. I	I institution: residen	ce before admission
FUI HD INS	L NAME OF SPITAL OR TITUTION	(IF NOT IN HOSPITADDRESS OR LOCA	AL OR INSTITATION)	TUTION, GIVE STREET	Md.	D. II	NSIDE CITY LIMITS?	
	1,925	St. Germa			Baltimore	D.	YES X	NO L
1	10	o o double			4925 St. Gen			
5. \$	EX 6.	RACE	7- MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	II Under 1 Yr. Months: Doys	If Under 24 Hr Hours Min.
M	ale	White	WIDOWED	DIVORCED	12/8/97	74	74,011113	1
	during most of wor	ATION (Give kind of work king life, even il retired) ired		F BUSINESS OR INDUSTRY	Maryland	foreign country)	12. CITIZEN O	F WHAT COUNTR
13.	FATHER'S NAME				14. MOTHER'S MAIDEN	NAME		
		Berge	r		Agatha Lo	ane		
		er in U. S. Armed For I yes, give wor or dote		16. SOCIAL SECURITY NO.	17. INFORMANT		ADD	RESS
					Mrs. Cosmas	J. Berger 49	25 St. Gen	mai 21229
	LE	OR CONDITION DI		(A) IMMEDIATE CAL	scerebral t	hrombosi's		6.18,1972
	hearl foilure, os	meon the mode of thenio, etc. It meons colion which coused	the discose		A CONSEQUENCE OF:			
	AN	TECEDENT CAUSES		4-1				
		CONDITIONS, if			A CONSEQUENCE OF:			
		obove couse (A) CONDITION lost,	sloling the	(C)				
		- 11						
ATION	TO THE DEATH	ANT CONDITIONS CO BUT NOT RELATED TO T NOTITION GIVEN IN PAR	HE TERMINAL					
ERTIFIC	19A. DATE OF O	PERATION 19B. CON		WHICH OPERATION	No	No. 208. IF YES, WE	RE FINDINGS CON CAUSES OF DEATH	SIDERED 1?
U	21 A. ACCIDENT OR CONTRIBUTE DEATH (notify m	WAS UNDERLYING DE CAUSE OF edicol exeminet	21 ho	B. PLACE OF INJURY (e.g., ome, form, foctory, street, o	n or obout 21C. WHERE DIE	(If in Boltin	more City, give exoc	t location)
DIC	21 D. TIME (/	Month) (Day) (Year)	(Hour) 21	E. INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?		
ME	OF INJURY (APPROX.)		w	hile At Not While ork At Work				
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	thot (1) () 10	ist sow the decease	d olive on	march 2	1977 ond	that in (my) (our)	pointon dooth ac	curred on the de
				(1) (We) (did) (did no t) y				
	23A. SIGNATURE						238, DATE SIG	NED
	14	make B	Hus	with 40 Ath	ending Med. Director	Shaff Phys.	May 14	1972
	23C.PHYSICIAN' NAME (Type	ABRAHAM	B. Hui	REVITZ MD	750/ Leberty	- Rose Balt	ume hed	
24A		ATION, 24B. DATE	24C. N	of Oute		LOCATION	(City, town, or cou	nty) (Stole)
	Burial	5/17/7	2 Ne	ew Cathedral		Baltimore	, Maryland	
25A	. DATE REC'D BY			OF REGISTRAR	25C. FUNERAL DIREC			DDRESS
	MARK TO	BIZ Valent	1 E. 30	Se To D	O Witzke	1630 Edmonds	on Avenue	21228
S	150-REV. 1/1/6B					12		



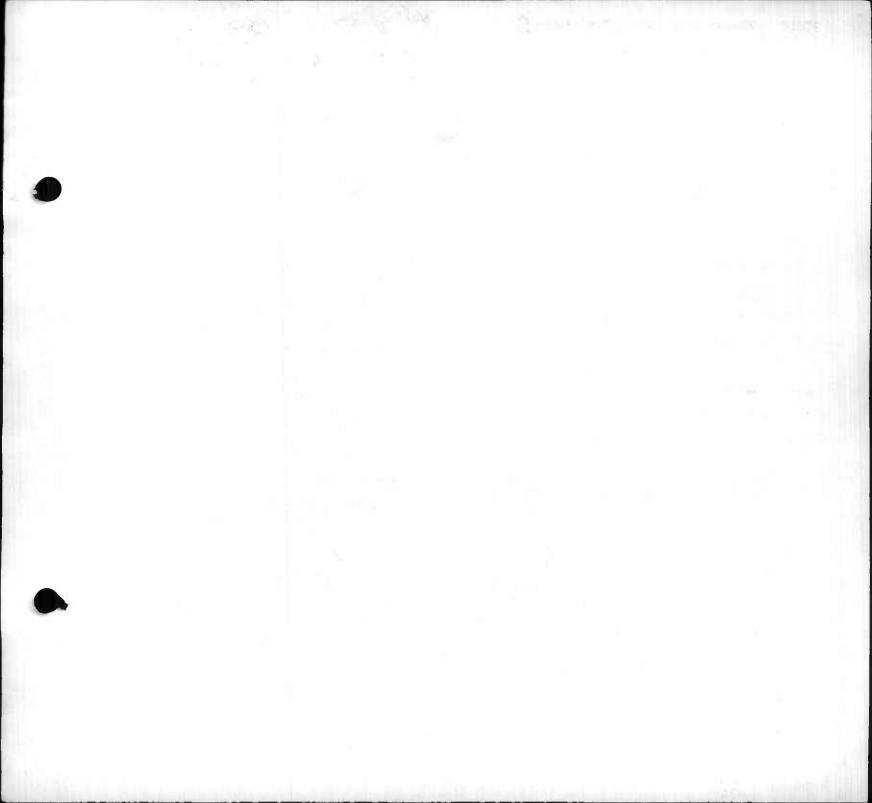
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2 04652	BALTIMOR
	CEDTIE

72 04652	BALTIMORE CITY	HEALTH DEPARTMENT	72 04652
BIRTH NO.	CERTIFICA	TE OF DEATH REG. NO)
I. NAME OF DECEASED Vothoning		2. DATE AND HOUR OF DE	ATM
(Type or Print) 72 RATH	YN A. DAV	13 May 13	1971 1 9,30 bu
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived A. STATE 8. COUNTY	. If institution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	TITUTION, GIVE STREET		INSIDE CITY LIMITS?
CHURCHHOME & H	OSPITAL	BALTIMOR	YES NO
100 N. Broadway		E. STREET AND NUMBER	EVEN AVE 21216
5. SEX 6. RACE 7. MARRI	ED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	
WIDOW WIDOW	ED DIVORCED	8-27-1879 iost birthdoy	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	the state of the s	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE		Maryland	AMER.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Hodges		/ Mary	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
inknown	911-19-1458	de Nation Lader	CHURCH HOTE & HOSPITA
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEAT		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A)IMMEDIATE CAU	SE Queluronary Insuffic	rauce NU days
(This does not mean the mode of dying, e, heart failure, asthenia, etc. 11 means the disease	DUE TO, OR AS	A CONSEQUENCE OF:	7 70
injury ar camplication which caused death,) ANTECEDENT CAUSES	11	is ceration -	months
DISEASES OR CONDITIONS, il any, givi	(8) HOULE	A CONSCIENCE OF	
rise to the above cause (A) stating I UNDERLYING CONDITION task	he dec	a Consequence of astomoris fasto colarcinoma stomach	Juknown
11	(c) //oce o		***************************************
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINA O DISEASE OR CONDITION GIVEN IN PART 1 (A)	G OCAL	7. I. with Heart Bloc	
TO THE DEATH BUT NOT RELATED TO THE TERMINA DISEASE OR CONDITION GIVEN IN PART 1 (A).		elithiasi , Choleyptil	
19A. DATE OF OPERATION STOR CONDITION FO WAS PERFORMED A 12, 4/3, 5/7 WAS PERFORMED A EVISCULATION	, 3 Sulphruic Ho	CAd	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
II 3 Section of the Control of the	1 B. PLACE OF INJURY (e.g., in ome, form, foctory, street, off ic.)	ice bldg., INJURY OCCUR? (if in Bal	timore City, give exact location)
	L INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX)	While At Not While		
22. I certify that (I) (this hospital) attended		3/3/ 1972 10	5/13 1079
that (1) (we) last saw the deceased alive ar		1972 and that In (my) (aur)	
and have and from the causes stated above.		ew the bady after death.	
23A. SIGNATURE	A.W.	ding Med. Staff	23 & DATE SIGNED
23C. PHYSICIAN'S	DEGREE Phys.	Director L. Phys.	5/13/72
23A. SIGNATURE Nabih Sader 23C. PHYSICIANS NAME (Type) Nabih Sade	2	3D. ADDRESS CHURCH HOTTE	E Y HOSPITAL
REMOVAL (Specify) 248. DATE 24C.	NAME OF CEMETERY OF CRE	MATORY 24D. LOCATION	(City, town, or county) (State)
Burial 5/16/72 M	t. Olivet	Baltimore,	Maryland
MAY 1 6 1972 Page E 2	OF REGISTRAR	25C. FUNERAL DIRECTOR Witzine . 1630 Edmonds	ADDRESS

VS 150-REV. 1/1/68



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VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT 72 04653 REG. NO. CERTIFICATE OF DEATH if death occurred in a hospital and irect or contributing cause of death (4) Undetermined cause; (5) Deceased Such BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) LO IMHOFF, MARGARET MARY MAY : 30A death. USUAL RESIDENCE (Where deceased lived, If institution residence before 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD ance A. STATE MAR YLAND FULL NAME OF HOSPITAL OR INSTITUTION JIF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION! BALTIMORE 21228 C. CITY OR TOWN D. INSIDE CITY LIMITS? attend 10 CATONSVILLE NOX YES [ST. AGNES HOSPITAL prior E. STREET AND NUMBER 1909 LOGWIND RD. disposition is made. regular 9. AGE (In years 5. SEX 6. RACE & DATE OF BIRTH If Under 1 Ya If Under 24 Hrs. MARRIED NEVER MARRIED deceased Hours FEMALE CAUCASIAN WIDOWED X DIVORCED 67 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE [State or foreign country] 12. CITIZEN OF WHAT COUNTRY? E done during most of working life, even if refired) MARYLAND U.S.A Was the 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME WALTER DEEMS ANN (ROSSITER) assistant death uo kind; 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (III yes, give war or dates of service) 17. INFORMANT 6 SOCIAL final AVES WILKENS OF ST. SECURITY NO. BALTO MD HOSPITA attendance AGNES 211-32-758 RECORDS fracture of any CAUSE OF DEATH pronounced 10 BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY •mbaim•d LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, astheria, etc. It means the disease, Injury or complication which caused death.) examiner. regular ANTECEDENT CAUSES who are DUE TO, OR AS A CONSEQUENCE OF: 4 DISEASES OR CONDITIONS, if any, giving 3 rise to the above cause (A) stating the E physician UNDERLYING CONDITION last the remains No physician was medical (2) Body burns; CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20A. AUTOPSYT (Yes or No.) the 6 before 218 PLACE OF INJURY languin or obout 21 G. WHERE DID home, form, foctory, street, office bidg, INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If In Boltimore City, give exact location) where to the hospital MEDICAL DEATH Inotify medical examined any nature; obtained 21F. HOW DID INJURY OCCUR? (Month) (Day) (Year) (Houd 21E INJURY OCCURRED 9 approved OF INJURY Not While (except While At (APPROX) At Work pub Work 22. I certify that (X) (this hospital) attended the deceased from ADD L1 19 72 to MAY that () (we) lost sow the deceased alive on MAY and that in (n)() (our) opinion death occurred on the date pe of hospital death) the body was released and hour and from the causes stated abave. (1) (We) (did) (a)(A)(n)(f) view the bady after death. must An accident 23A. SIGNATURE 238, DATE SIGNED certificate must Attending Phys. Staff Phys. Med. 10 Director written approval DEGRE 0 23C. PHYSICIAN'S prior 23D. ADDRESS BALTO MD to NAME (Type RAHMAN AGNES HOS ST. ON D.O.A. shows: (1) 24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, pespese REMOVAL (Specify) Burial Holy Cross Cemetery Glen Burnie. Maryland MOS 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS

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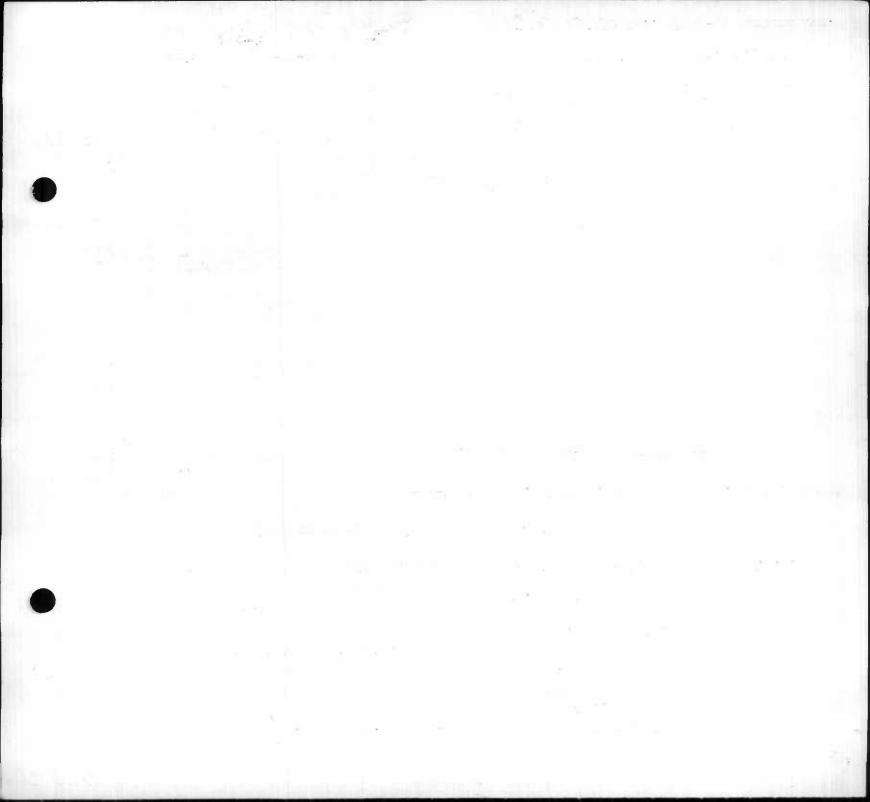
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature;: (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
This certificate must be approved by the chief medical exarthe body was released to the hospital by a medical exartshows: (1) An accident of any nature; (2) Body burns; (3) A was D.O.A. at a hospital (except where the physician wh deceased prior to death); and (6) No physician was in rewritten approval must be obtained before the remains are

BALTIMORE	CITY	HEALTH	DEPARTMENT
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REG. NO.	72	(:9	009

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3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET INSTITUTION Church Home & Hospital Church Home & Hospital Church Home & Hospital C.CITY OR TOWN Baltimore E. STREET AND NUMBER 2144 S. Castle Street S. SEX Mary 14, 1972 A. USUAL RESIDENCE (Where deceased fived. If institution: residence in the content of the content	NO
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Church Home & Hospital E. STREET AND NUMBER 2111 S. Castle Street	II Under 24 Hrs. Hous Min.
Male White Whowed Divorced Oct. 6, 1899 ost birthdoy 72 Months: Days Mo	WHAT COUNTRY?
Male White WIDOWED DIVORCED Oct. 6, 1899 ost birthdoy 72 OA. USUAL OCCUPATION (Give kind of wark 108, KIND OF BUSINESS OR INDUSTRY II. BIRTHPLACE (Stote or foreign country) Baltimore, Maryland U.S. Self Employed Baltimore, Maryland U.S. FATHER'S NAME Theodore Tomaszewski S. Wes Deceased Ever in U.S. Armed Forces? (se, no or unknown) [III yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 216-03-4486 Mrs. Rhoda P. Thomas 244 S. Cast OCAUSE OF DEATH DISEASE OR CONDITION DIRECTLY DISEASE OR CONDITION DIRECTLY DIVORCED OCT. 6, 1899 ost birthdoy 72 Months Doys 12. CITIZEN OF BALTIMORE, MAIDEN NAME Anna 14. MOTHER'S MAIDEN NAME Anna APPROBLEMANT SECURITY NO. 216-03-4486 Mrs. Rhoda P. Thomas 244 S. Cast	WHAT COUNTRY?
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WAS PERFORMED NO IN CERTIFYING CAUSES OF DEATH?	DERED
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OF INJURY (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
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22. I certify that (1) (this hospital) attended the deceased from 19 7/ ta 3 //4	21
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, in this first opening decin decin	rred on the date
and haur and from the causes stated above. (1) (We) (dtd) (dld nat) view the bady after death,	
23B, DATE SIGNE	D
23C. PHYS/CIAN'S NAME (Type) Attending Phys. Attending Phys. Director Phys. Dire	~
JOSEPH R. LIBERTO, M.P. STOS GANT ST. Ballingo	Merglan
REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county)) (State)
Burial 5-18-1972 Holy Rosary Baltimore County, Maryla	
MAY 16 1972 Jobes E. Jakes M.D. O DESCRIPTION 125C. FUNERAL DIRECTOR ADD 150-REV. 1/1/68	and



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BIRTH NO.			CERTIFICA	TE OF DEATH	REG. I	NO	100	
NAME OF DEC	EASED			2. DATE	AND HOUR OF	DEATH		
Type or Print)	REEN, Beve	erly Ela	ine	May	14, 19	72	5:	15 P. "
	TIMORE MARYLAND,			4. USUAL RESIDENCE (WI	nere deceased liv	ed. Il institu	ution: residence	belore odmission)
FULL NAME OF	(IF NOT IN HOSPI	TAL OR INSTITU	TION, GIVE STREET	Maryland			1	TOOL
HOSPITAL OR INSTITUTION	ADDRESS OR LOC	AHON)		C. CITY OR TOWN			CITY LIMITS?	
				Baltimore		YI	ES 12	NO 🗌
U.S. PHS	HOSPITAL			402 Wilson	Street			
S. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In yes	ors II	Under 1 Yr.	If Under 24 Hrs. Hours Min.
Female	Negro	WIDOWED	DIVORCED	May 15, 1951	lost birthdoy)	10	tonins Doys	Hours Ivan.
			BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fo	and the same of th	1	2. CITIZEN OF	WHAT COUNTRY
lone during most of a	working lile, even if retired)			Maryland			U.S	Δ
3. FATHER'S NAM	AR	Stude	nt	14. MOTHER'S MAIDEN N.	4445		0.0	• 17 •
Melvin				Unknown				
5. Was Deceased Yes, no or unknown	(Il yes, give wor or do	tes of service)	6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRI	SS
No				Med Records	s. US P	HS HO	SP, Ba	lto., Mo
18. 7	11 1		CAUSE OF DEAT		,			XIMATE INTERVAL
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VOILER SIGNIFT TO THE DEAT DISEASE OR CO 19A. DATE OF 21A. ACCIDER OR CONTRIBLE DEATH (notify LAPPROX.) 21D. TIME OF INJURY (APPROX.) 22. I certify that (y) (we) and hour and 23A. SIGNATU 23C. PHYSICIA NAME (T.	LEADING TO DEATH at mean the made a asthenia, etc, it mean application which cause ANTECEDENT CAUSE OR CONDITIONS, it above cause (A) GONDITION last. II ICANT CONDITION S CO H BUT NOT RELATED TO ONDITION GIVEN IN PA OPERATION 198. COI WAS PEI THAS UNDERLYING THAS UNDERLYING THAS UNDERLYING THAS (A) (this hospital that (1) (this hospital lost saw the deceas of from the couses sta	of dying, e.g., sthe disease, death.) Sany, giving stating the stating the DNTRIBUTING THE TERMINAL ST. 1 (A). DOTTRIBUTING THE TERMINAL ST. 1 (A).	DUE TO, OR AS (B) DUE TO, OR AS (C) HICH OPERATION PLACE OF INJURY (e.g., if orm, foctory, street, of injury occurred at work of the control of the con	20A. AUTOPSY? (Yes or INO n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID IN 19 7.2 and 6	IN CERTIFY (If In NJURY OCCUR? 197.2.to_ that In (n/y) (a	May. ur) opinio	Ity, give exect I	19 7.2 urred on the date 2
VOILER SIGNIF TO THE DEAT DISEASES OF COMPANY OTHER SIGNIF TO THE DEAT DISEASE OR COMPANY OTHER SIGNIF TO THE DEAT DISEASE OR COMPANY TO THE DEAT TO THE DEA	LEADING TO DEATH at mean the made a asthenia, etc, it mean application which cause ANTECEDENT CAUSE OR CONDITIONS, it a above cause (A) B CONDITION last. IL ICANT CONDITION S CO H BUT NOT RELATED TO ONDITION GIVEN IN PA OPERATION 198. COI WAS PEI IT WAS UNDERLYING IT WAS UNDERLYI	of dying, e.g., sthe disease, death.) stating the disease, death.) any, giving stating the disease disease, death.) ONTRIBUTING THE TERMINAL RIT I (A). NOTION FOR WIRFORMED 21B. Phome, etc.) (Hour) 21E. I While Wark and ottended the disease disease.	(B) DUE TO, OR AS (B) DUE TO, OR AS (C) HICH OPERATION PLACE OF INJURY (e.g., injury occurred of the control of the contro	20A. AUTOPSY? (Yes or NO n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID IN 19 7.2 and of the bidy of the bidy of the bidy of the death rich Mo 23D. ADDRESS US PHS HOSPI	IN CERTIFY (If In IJURY OCCUR? 19 7.2.to Phot In (n/y) (o	May ur) opinio	ity, give exect lind and death occurs. Set Date sign 5-15-7	19 7.2 wred on the dots 2 . 21211
VOILER SIGNIF TO THE DEAT DISEASES OF COMPANY OTHER SIGNIF TO THE DEAT DISEASE OR COMPANY OTHER SIGNIF TO THE DEAT DISEASE OR COMPANY TO THE DEAT TO THE DEA	LEADING TO DEATH at mean the made a ashenia, etc, it mean application which cause ANTECEDENT CAUSE OR CONDITIONS, it a above cause (A) G CONDITION last. II ICANT CONDITION S CO H BUT NOT RELATED TO ONDITION GIVEN IN PA OPERATION 198. COI WAS PEI NT WAS UNDERLYING ITHING CAUSE OF medical examiner) (Month) (Day) (Yeor) that (1) (this hospital lost saw the deceas of from the couses state RE ANTECEDENT CAUSE (Month) (Day) (Yeor) That (1) (this hospital lost saw the deceas of from the couses state ANTECEDENT CAUSE MATION, 1248. DATE	of dying, e.g., sthe disease, death.) stating the disease, death.) any, giving stating the disease disease, death.) ONTRIBUTING THE TERMINAL RIT I (A). NOTION FOR WIRFORMED 21B. Phome, etc.) (Hour) 21E. I While Wark and ottended the disease disease.	DUE TO, OR AS (B) DUE TO, OR AS (C) HICH OPERATION PLACE OF INJURY (e.g., in the continuous of th	20A. AUTOPSY? (Yes or NO n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID IN 19 7.2 and of the bidy of the bidy of the bidy of the death rich Mo 23D. ADDRESS US PHS HOSPI	IN CERTIFY (If In NJURY OCCUR? 197.2.to_ that In (n/y) (a	May ur) opinio	Ity, give exect I	19 7.2 wred on the dots 2 . 21211
VOOLEY OF CONTRIBLE OF INJURY (APPROX.) 21A. ACCIDEN OR CONTRIBLE DEATH (notify LAPPROX.) 22. I certify that (y) (we) and hour and 23A. SIGNATU 23C. PHYSICIA PAME (T. Bepna	LEADING TO DEATH at mean the made a asthenia, etc. It mean uplication which cause ANTECEDENT CAUSE OR CONDITIONS, it e above cause (A) CONDITION to the CONDITION SO HOLLOW TO THE C	d dying, e.g., sthe disease, d death.) Sany, giving stating the s	(B) DUE TO, OR AS (B) DUE TO, OR AS (C) HICH OPERATION PLACE OF INJURY (e.g., injury occurred of the control of the contro	20A. AUTOPSY? (Yes or NO	IN CERTIFY (If In IJURY OCCUR? 19 7.2.to Phot In (n/y) (o	May ur) opinio	ity, give exect lind and death occurs. Set Date sign 5-15-7	19 7.2 wred on the dots 2 . 21211

Burial 5/19/12 Mt. Audurn

25A. Date Bec'd By Health dert.

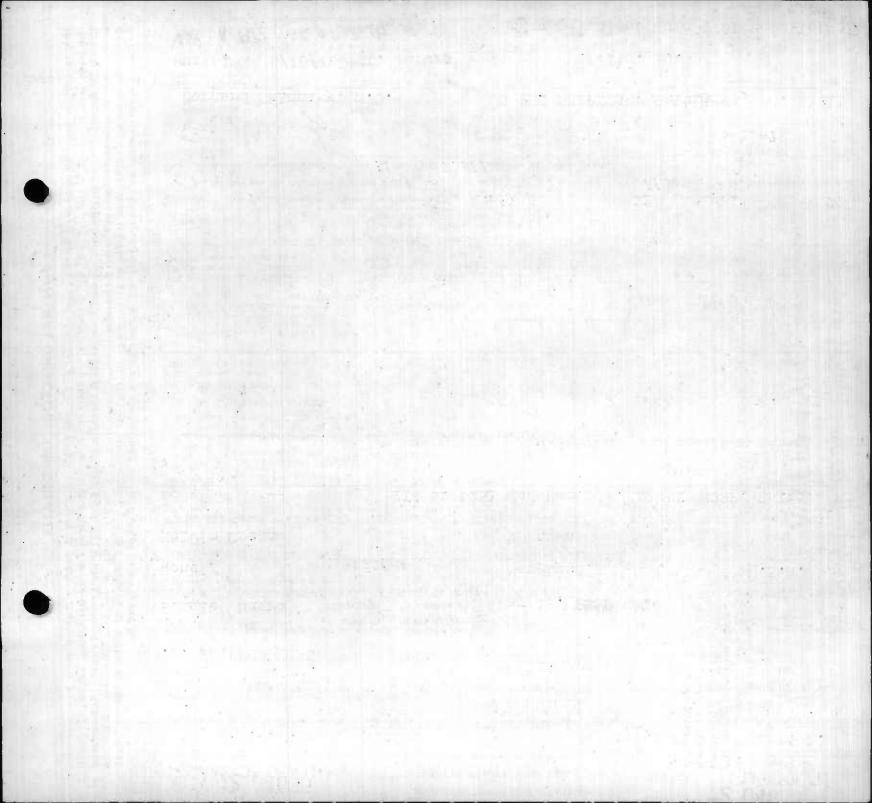
25B. NAME OF REGISTRAR

25C. FUNERAL DIRECTOR

ADDRESS

WAY 16 1972 Usbes E. Jelle 20 O Chatman Juneral Home 1701 McCullo H St.

VS 150-REV. 1/1/68



72 04656

BALTIMORE CITY HEALTH DEPARTMENT

72 04656

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH.

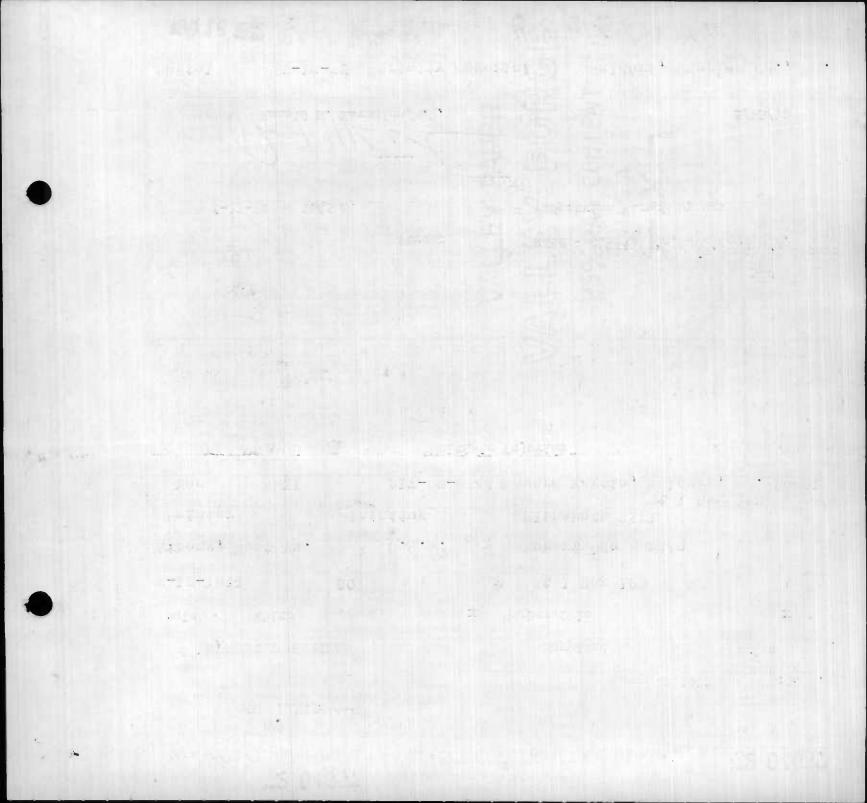
BIRTH NO.	REG, NO.
1. NAME OF DECEASED (Type or Print) LEROY HICKSON	2. DATE Known Month Doy Yeor Hour OF DEATH Estimoted Month M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	3. DATE Month Doy Yeor Hour PRONOUNCED DEAD May 12, 1972 1:55 P. M. 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
890 Linden Avenue	A. STATE Maryland B. COUNTY 1901
6. SEX Male Negro B. MARRIED NEVER MARRIED WIDOWED DIVORCED	C. CITY OR TOWN D. INSIDE CITY LIMITS? Baltimore YES NO
9. DATE OF BIRTH 10. AGE (In years 1 H Under 1 Yr. If Under 24 Hrs. Lost birthdoy) 53 Months; Doys Hours Min.	
11. BIRTHPLACE (Stote or foreign country) North Carolina 12. CITIZEN OF WHAT COUNTRY? A	Joseph Hickson
14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR	15. MOTHER'S MAIDEN NAME Irene
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service) 17. SOCIAL 24.3 ECURITY NO.26	3 Mr Amos Little, 3432 Parkheights A
19. CAUSE OF DEA	ATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dylng, e.g., heart follure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE LINDERLYING CONDITION LAST	CAUSE AS A CONSEQUENCE OF: RAS A CONSEQUENCE OF:
OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	VAS PERFORMED 21. AUTOPSY? (Yes or No)
	no
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED OF INJURY	in or obout 22C. WHERE DID (If in Boltimore City, give exact location) in INJURY OCCUR? 22F. HOW DID INJURY OCCUR?
23.	utapsy and that an this basis, death in my apinian
ACTUAL SIGNATURE EXAMINER'S Ronald N. Kornblum, M.D.	CHIEF MEDICAL EXAMINER DATE SIGNED
NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY	
Burial 5/19/72 MT Auburn 25A. DATE REC'D BY HEALTH DEPT. MAY 16 1072 Volent E. Jacken Ray	Cemetry Baltimore, Md 25C. FUNERAL DIRECTOR ADDRESS Adolphus Halstead 1206 W North Av

VS 151-REV. 1/1/6B

amos Little, 3432 Parkheights

PORTE DISTRIBUTE OF STREET BUILDING

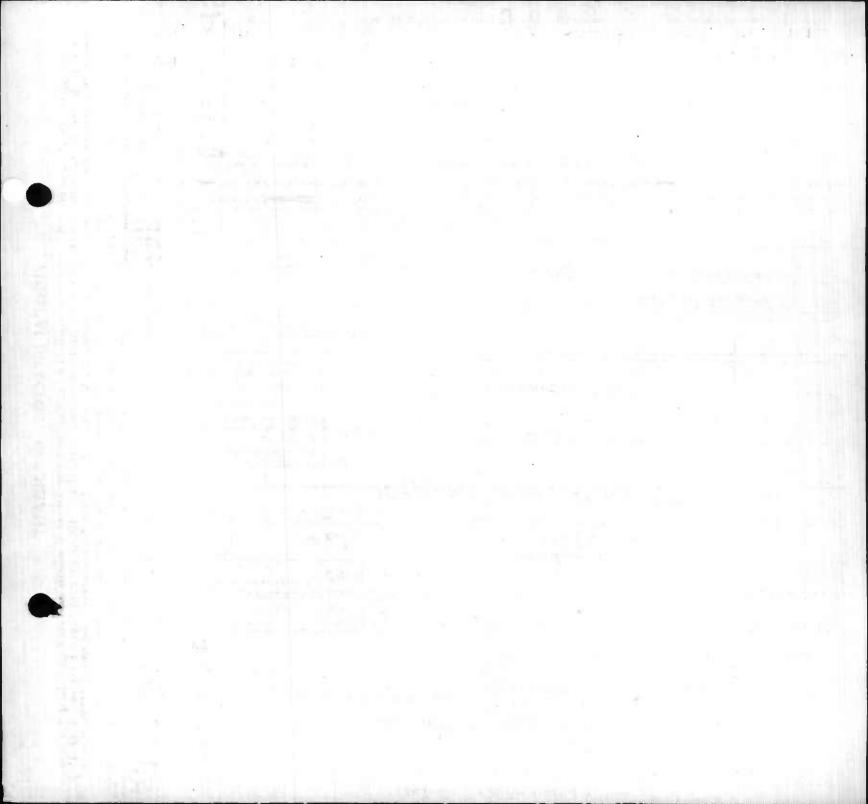
	AL EXAMINER'S			H REG. NO.	72	04657
BIRTH NO. 1. NAME OF DECEASED (Type or Print)		OF	wn Month	Doy	Yeor	Hour
DON MARTIN	PROBLEM CER DEAD	DLAIR	mated L			М.
4. PLACE IN BALTIMORE, MARYLAND, WHERE FULL NAME OF (IF NOT IN HOSPITAL OR I		3. DATE PRONOUNCED	DEAD Month	Doy	Yeor	Hour / • OO A
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION		5 IISHAI PESIDEN	May CE (Where deceased	13,1972	rasidansa h	4:00 A. M.
UNIVERSITY HOSPITAI		A. STATE	yland	D COLINITY	Charle	
	ARRIED NEVER MARRIED	C. CITY OR TOWN	•	D. INSIDE CIT		- 0 -
Mala White	OWED DIVORCED X	Hughesvi	.11e	YES		NO 🖾
9. DATE OF BIRTH 10. AGE (In years		E. STREET AND N	UMBER			
6-15-1911 lost birthdoy) 6	O Months Doys Hours Min.	Rt Rt	l Box 198			
11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF	13. FATHER'S NAM	AE .			
Athens, West Va.	WHAT COUNTRY?	Rober	rt Ode Mai	rtin		
14A.USUAL OCCUPATION (Give kind of work 14B. Ki done during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	15. MOTHER'S MA	IDEN NAME		- 17	
Painter	Painting		abeth Hill	l		
16. WAS DECEASED EVER IN U.S. ARMED FOR (Yes, no or unknown) (If yes, give war or dates of serv	ces? 17. SOCIAL SECURITY NO.	18. INFORMANT		Rt 1 Bon	PRE1598	
Yes WWII	217-09-654		Martin, V	Valdorf.		
19 8/4 7	CAUSE OF DEA	TH				PROXIMATE INTERVAL EEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	Multip	le Injuries				•
LEADING TO DEATH (This does not mean the made of dying, e.	(A)IMMEDIATE C					
heart failure, asthenia, etc. It means the disease injury or complication which coused death.)		AS A CONSEQUENCE	OF:			
ANTECEDENT CAUSES	(B)	AS A CONSEQUENC	F OF:			
DISEASES OR CONDITIONS, IF ANY, GIVI RISE TO THE ABOVE CAUSE (A) STATING T UNDERLYING CONDITION LAST.	THE SECTION OF	A CONSEQUENC				
Z ONDERENING CONDITION EAST.	(C)					
OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING	1 1 1 2 2 2 4		100		
OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED TO THE TE DISEASE OR CONDITION GIVEN IN PART 1 20A. DATE OF OPERATION 20B. CONDITION	RMINAL		N			
20A. DATE OF OPERATION 20B. CONDITION		AS PERFORMED			21. AUTO	PSY? (Yes or No)
					ye	es
22A. EXTERNAL CAUSE WAS UNDERLYING ☑ OR CONTRIB- UTING ☐ CAUSE OF DEATH. 22D. TIME (Month) (Day) (Year) (the	22B. PLACE OF INJURY (e.g., home, form, foctory, street, offic	in or obout 22C. WI bldg., etc.) INJURY	OCCUR? Rt 30]	400 ft	South	of Garner
UTING L CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (H	Street	5 Road	- Charles	CoWal	dorf, M	I.d.
OF INJURY	WHILE AT ON NOT	WHILE -				1000
(APPROX.) 5-13-72 2:45 A	. m. WORK AT W	ORK A Pede	strian stru	ick by ca	r	
I certify that I held on Inquir	Inspection Au	topsy E ond	that on this basis	, deoth In my o	pinion	
resulted from: Natural causes			Undeterm	Ined monner		
ACTUAL 1 11	1/1/		MEDICAL EXAMINER			DATE SIGNED
SIGNATURE	M.D		MEDICAL EXAMINER	[X]		
EXAMINERS Ronald N. K	ornblum, M.D.	ASSOCIATE	MEDICAL EXAMINER		5/13	/72
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY	or CREMATORY	24D. LOCATION	(City, town,	or county)	(State)
Burial 5-16-72		orial	Waldori	f, Charl	les C	o., Md.
	NAME OF REGISTRAR		AL DIRECTOR	AL	DDKE22	
Party 1 0 1000 Roberts, E.	Jaben M.D.	HUNT	TO FUNERA	1 House	IL	LUDGE!



FUNERAL DIRECTOR: IMPORTANT

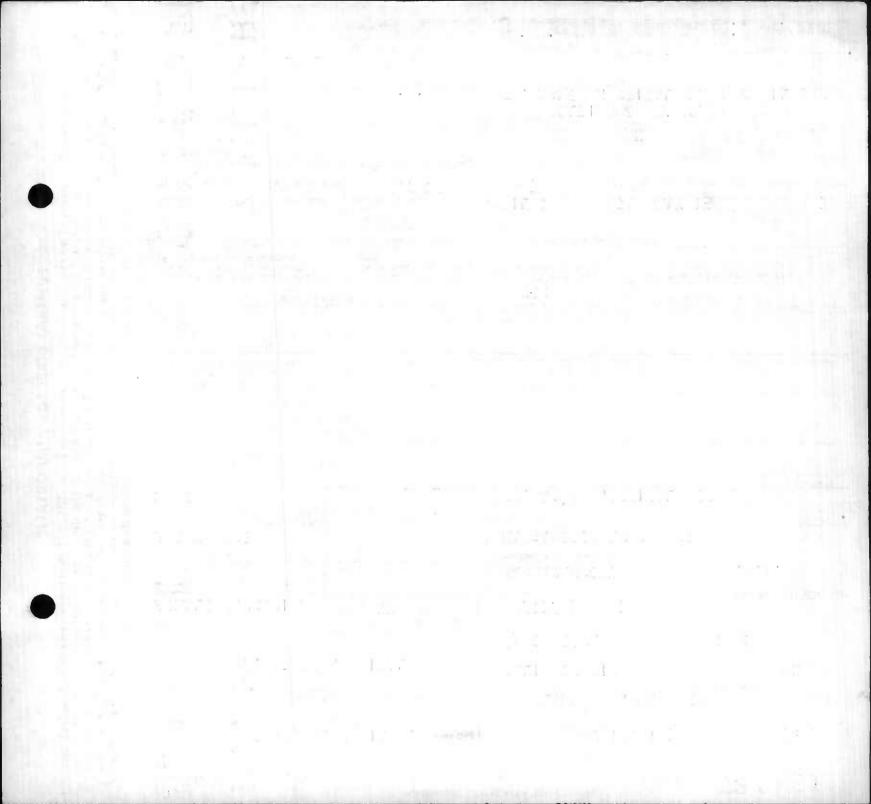
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined couse; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to deoth. Such written approval must be obtained before the remains are embalmed or final disposition is made. 5

BALTIMORE	CITY HEALTH DEPARTMENT
TRAN NO.	CATE OF DEATH REG. NO. 72 04658
NAME OF DECEASED MARGARET, C. SCO	
L PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, if institutions residence before admission) A. STATE B. COUNTY
FULL NAME OF IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOGATION)	C. CITY OR TOWN D. ID. INSIDE CITY LIMITS?
MERCY HOSPITAL.	Baltimore YES NO NO
MERCY MOSPITAL.	E. STREET AND NUMBER Roland Avenue
SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF SIRTH 9. AGE Un years II Under 1 1/1., If Under 24 Hrs. Months; Doys ; Hours; Min.
F White WIDOWED DIVORCED	0 1 28 48 764
the state and at another the own that and the	JSTRY 11. BIRTHPLACE IState or foreign country) 12. CITIZEN OF WHAT COUNTRY?
HOME MAKER	110009200000
Jacole Pteller.	14 MOTHER'S MAIDEN NAME Estola Mc Caney
5. Wes Decessed Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
A/	19 Mr. WALTER SCOTT. JR. SAME
116./// C I CAUSE OF I	DEATH APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	Coucolio respiratory BETWEEN ONSET AND DEATH
LEADING TO DEATH	ECAUSE CAUSE.
	OR AS A CONSEQUENCE OF:
injury or complication which caused death.)	E, ASCUD, atrial film
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, if any, giving DUE TO, asset to the above cause (A) stating the	or as a consequence of:
UNDERLYING CONDITION last. (C)	ay was true, cvii.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
OISEASE OR CONDITION GIVEN IN PART 1 (A).	[20A.AUTOPSYT (Yes of No.)] 208. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	IN CERTIFTING CAUSES OF DEATH?
21A. ACCIOENT WAS UNDERLYING 21B. PLACE OF INJURY CONTRIBUTING CAUSE OF home, form, foctory, stre	(e.g., in or about 21C, WHERE DIO (If in Boltimore City, give exact location)
DEATH (notify medical examined & etc.)	V Y
21D-TIME IMonth) IDoy) (Year) IHour 21E INJURY OCCURRED	D 21F. HOW DID INJURY OCCUR?
IAPPROXI X Work L. At	Work L
22. I certify that (1) (this haspital) attended the deceased from	5 14 19 72 to 5 16 19 12
that (I) (we) last saw the deceased alive an	19 and that In(my) (and) opinion death accurred on the date
and hour and fram the causes stated above. (1) (We) (did) (did-	men year the hady after death.
23A. SIGNATURE	23 B. DATE SIGNED
In Chamagar M.	Attending Med. Stoff 23R. DATE SIGNED 5 16 72
Makhathagar M.	Attending Med. Shoff 23 B. DATE SIGNED
23C. PHYSICIAN'S NAME (Type) 1. M. BHAT NA GAR M. 24A. BURIAL CREMATION. 124B. DATE 124C. NAME OF CEMETERY	Attending Med. Stoff 23R. DATE SIGNED 5 16 72
23G. PHYSICIAN'S NAME (Tyde) 1. M. BHAT NA GAR M. 24A. BURIAL CREMATION, 24B. DATE 24G. NAME of CEMETERY REMOVAL (Specify)	Attending Med. Director Phys. 23R, DATE SIGNED 5 16 72. Attending Med. Director Phys. 5 16 72. Phys. 23D. ADDRESS 16 72. PGREE CREMATORY 24D. LOCATION (City, town, or county) (State)
23C. PHYSICIAN'S NAME (Tyde) 1. M. BHAT NA GAR M. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	Attending Med. Director Phys. 23R. DATE SIGNED Phys. 5 16 72 23D. ADDRESS C HOSPITAL 24D. LOCATION (City, town, or county) (State) Woodlawn, Balto. Co. Md
23C. PHYSICIAN'S NAME (Type) PHAT NA GAR M. 24A. BURIAL CREMATION, 24R. DATE REMOVAL (Specify) 347 247 247 247 247 247 247 247	Attending Med. Stoff 23R, DATE SIGNED Director Phys. 5 16 72. 23D. ADDRESS CY HOSPITAL



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the

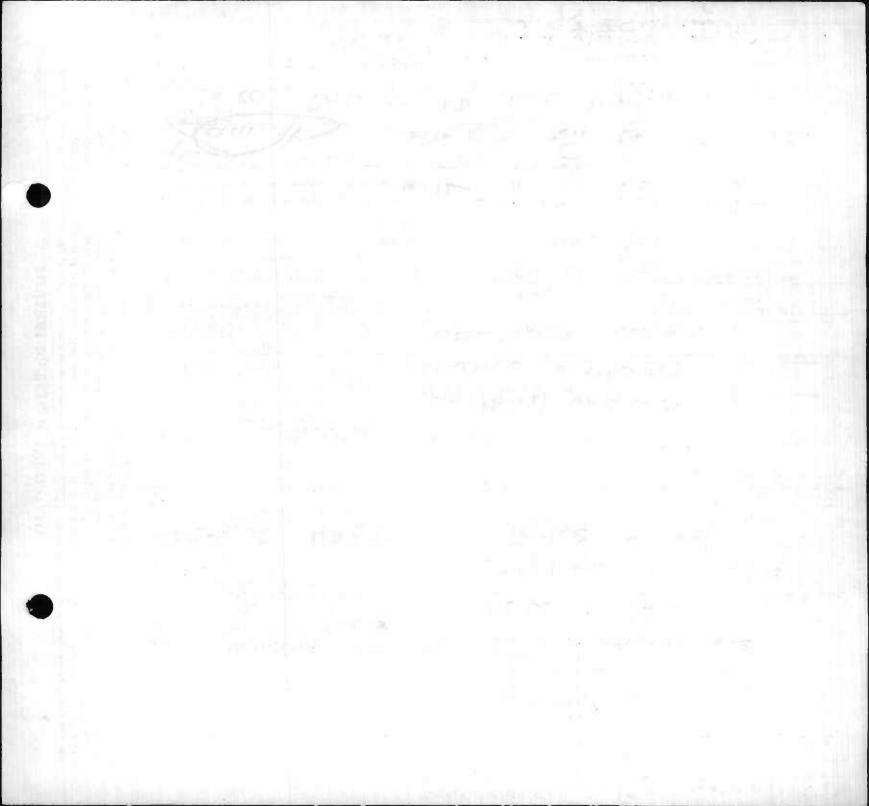
C 100 000	BALTIMORE CIT	Y HEALTH DEPARTMENT	72 04659
(9-600) 72 046	CERTIFICA	TE OF DEATH	G. NO. 15 U9009
I. NAME OF DECEASED		2. DATE AND HOUR O	PF DEATH
(Type or Print) GRAY, MARJO	RIE M. (ROSE)	MAY 15, 1	972 3:25P M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PI		4. USUAL RESIDENCE (Where deceased	lived. Il institution residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR I ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	MARYLAND HOWA	RD CO D. INSIDE CITY LIMITS?
40 ST. AGNES HOS	SPITAL	ELLICOTT CITY E. STREET AND NUMBER	YES NO X
		6321 BEE CHWOOD D	R 21046
S. SEX 6. RACE 7. MAR FEMALE CAUCASIAN WIDO	RIED NEVER MARRIED DIVORCED DIVORCED	11/17/93 9. AGE Un lost birthdoy 78	years If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
IOA. USUAL OCCUPATION (Give kind of work 108, KIN	OF BUSINESS OR INDUSTR		12 CITIZEN OF WHAT COUNTRY
	WN HOME	MASSA CHUSETTS	U.S.A.
3. FATHER'S NAME		14 MOTHER'S MAIDEN NAME	
FRANK ROSE		MARGARETSPLAINE	
5. Wee Decoused Ever in U. S. Anned Ferces? Yes, no or unknown) lift yes, give war or dates of set NONE		JAMES L. HEALY FUN ST. AGNES HOSPIT	ERAL HOME GRANITEVII
118. 22 17 11 13	CAUSE OF DEA		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
heart failure, asthenia, etc. It means the distingury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, If any, grise to the above cause (A) stating UNDERLYING CONDITION lest. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).	iving the (c). E Lew	USE Septicionia A CONSEQUENCE OF: relic procumencia S A CONSEQUENCE OF: 144 ; Heramania Pl	: penal acting
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	YES 20A AUTOPSYS (Yes or No) 20B IF Y	ES, WERE FINDINGS CONSIDERED FYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical exemined	21B PLACE OF INJURY (e.g., home, form, factory, street, etc.)	in or obout 21°C, WHERE DID (II office bidg, INJURY OCCU II)	in Baltimore City, give exact facation)
21D-TIME (Month) (Doy) (Year) (Hould OF INJURY (APPROX.)	21E INJURY OCCURRED While At Not Wh Work At Work	215. HOW DID INJURY OCCU	I RŽ
22. I certify that (1) (this hospital) atten	ded the deceased fram	APRIL 1972 +	MAY 15 19 72
that (1) (we) last saw the deceased alive	on MAY 15		(aur) opinion death accurred on the dat
and hour and fram the causes stated abo	ve. (h) (We) (did) (did not)	view the bady after death.	
23A. SIGNATURE		ending Med. Staff [V]	238, DATE SIGNED
Turblenen	CL - D . DEGREE PH	ys. Director Phys. A	57/6/72
23C. PHYSICIAN'S NAME (Typel		BALTIMORE .	MARYLAND 21229
ADOLFO ALONS	O M.D. DEGREE	ST. AGNES HOSPIT	AL: CAT ON & WILKENS A
REMOVAL (Specify)			
	BELMONT AME OF REGISTRAR	BELMON BELMON H. WOLLENGINS &	T, MASS
MAY 1 6 1972 26 EST	about 100 0	1 4905 YORK RO	AD BALTO: MD. 21212



FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

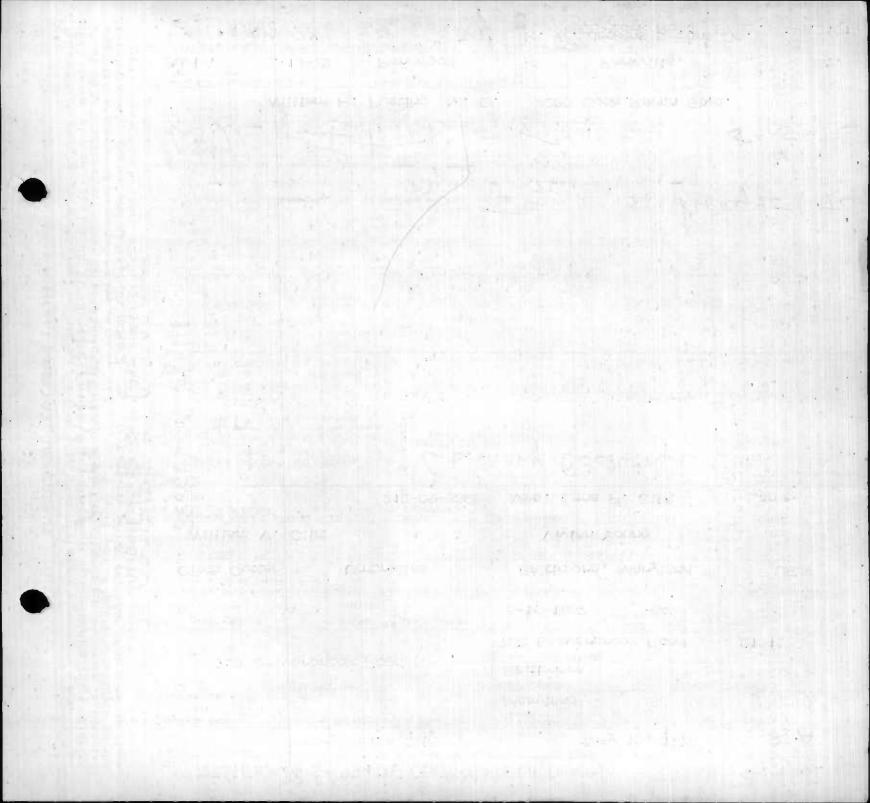
	Y HEALTH DEPARTMENT
BIRTH NO. 72 04660 CERTIFICA	TE OF DEATH REG. No. 72 04650
1, NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH
ERNOST L. MARTIN	MAY 15. 1972 1 2:45 Am.
3, PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. STATE & COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR (INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLDAD 2178
INSTITUTION	D. INSIDE CITY LIMITS?
74	E STREET AND NUMBER
UNION LEUSONSH HOSPITOL	SYA 34100 EOON EOON
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE lin years If Under 1 1/6. If Under 24 Hrs. Months Days Hours Min.
WIDOWED ☐ DIVORCED ☐	04.08-17 55
10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRI	11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if reflied) RETIRED COOK RESTAURANT	MAR-IND USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
HARBOUR MARTIN	JOYCE, ETHEL
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates at service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
VES WWIL 227-07-8867	MRS. ALDA MARTIN (SAME)
18,5-7/ 0 1+ 2 50 9 CAUSE OF DEAT	
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH	USE ANEUIA (SOUECE)
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. it means the disease,	A CONSEQUENCE OF:
injury or compilcation which caused death.)	luca la mariane
ANTECEDENT CAUSES (B) ESOP	MGGAL VARICES
The state of the s	S A CONSEQUENCE OF
UNDERLYING CONDITION last.	alic cillosos
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	- Drabetes wellitus
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OTHER SIGNIFICANT CONDITION OF THE TERMINAL OTHER SIGNIFICANT CONDITION SCHOOL TO THE TERMINAL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL OTHER SIGNIFICANT CONDITIONS TO THE TERMINAL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL OTHER SIGNIFICANT CONDITIONS TO THE TERMINAL COND	20A AUTOPSYS (Yes at No.) 20R. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. A CCIDENT WAS UNDERLYING 21B. PLACE OF INJURY legging of CONTRIBUTING CAUSE OF home, form, foctory, street, c	in or about 21 C. WHERE DID (If in Baltimore City, give exact location)
DEATH (notify medical examined)	nice only itself econ
21D. T(ME (Month) (Doy) (Year) (Hour) 21E (NJURY OCCURRED OF INJURY While At Not Whi	21E HOW DID INJURY OCCUR?
(APPROX.) While At Not Whi	· _
	10 -11-12 10
that ((we) lost sow the deceased alive on	
and how and from the couses stated obove-(1) (We) (did) (did not)	
23/C SIGNATURE	ending Med. Stoff (7)
DEGREE Ph	ye. Director Phys. 1
23C.PHYSICTAMES NAME (Type)	23D. ADDRESS
JATRO KAMITEZ NO	WOOD YENOUR HOSE
- DI VIII	LEMATORY 24D. LOCATION (City, town, or county) (State)
Burial 5-18-72 Frostburg Mem	Park Frostburg, Maryland
25A, DATE REC'D BY HEALTH DEPT. 259 NAME OF REGISTRAR	125C FUNERAL DIRECTOR ADDRESS
MAY 1 6 1972 3 & E Jakes, 46 2 0	H.W. Jenkins Sons Co. 4905 York Rd. Baltinore, Md. 21212
VS 150-REV. 1/1/68	



FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

110		BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO.	72 0	4661 CERTIFICA	TE OF DEATH	REG. NO	72 04631
(Type or Print)	Harr	y Reese Clift		15, 1972	1 2 A. M.
3. PLACE IN BALTIMO	ORE MARYLAND, W	HERE PRONOUNCED DEAD	A. STATE B. COUN		stitution: rasidence befare admission)
FULL NAME OF HOSPITAL OR	(IF NOT IN HOSPIT	AL OR INSTITUTION, GIVE STREET	Maryland		2778
INSTITUTION	Beaverbr		Baltimore	D. INS	YES NO NO
00	Deaverbi	OOK TOUG	723 Beaverbr	ook Road	21212
5. SEX 6. R.	ACE W	7. MARRIED NEVER MARRIED WID OWED DIVORCED	8. DATE OF BIRTH 5-16-1909	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
done during most of working Cloth Cu	ng life, even if retired)	Umbrellas	Baltimore,		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN NA		
Willian	n V. Clift		Vivian Y	oung	
15. Was Deceased Ever (Yes, no or unknown) (If)	in U. S. Armed Far	s of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No		212-09-8398	Mrs. Lena F	o. Clift	Same
This does not in heart loilure, osth injury or complice ANTI DISEASES OR OF ITSE TO THE DEATH BE DISEASE OR COND TO THE DEATH BE DISEASE OR COND TO A. DATE OF OPE TO THE DEATH BE DISEASE OR COND TO THE DEATH BE DISEASE OR	TO NOT RELATED TO THE STATE OF	dying, e.g., the disease, deoth.) (A) IMMEDIATE CAL DUE TO, OR AS (B) DUE TO, OR AS DUE TO, OR AS (C) NTRIBUTING HE TERMINAL J 1 (A). DUE TO, OR AS (C) OTHER TO, OR AS (A) IMMEDIATE CAL DUE TO, OR AS (C) DUE TO, OR AS (C) (D) (D) (D) (D) (D) (D) (D)	A CONSEQUENCE OF: 20A. AUTOPSY? (Yes or Not on a globul 21C, WHERE DID	D) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH? FOR City, give exect locotion
OR CONTRIBUTING		home, farm, loctory, street, a	ffice bldg., INJURY OCCUR?		
21D. TIME (Me of INJURY (APPROX.)	onth) (Doy) (Year)	(Haur) 21E. INJURY OCCURRED While At Not While Work At Work		URY OCCUR?	
	t saw the decease	attended the deceased fram and alive an	19 77 and the view the bady after death. and the bady after death. Med. Director 23D. ADDRESS	19 72 to not In(my) (own) apl Shoff Phys. h Raven B1	Inlan death accurred an the date 23B. DATE SIGNED 5-15-72
24A. BURIAL CREMAT	ION, 24B. DATE	24C. NAME of CEMETERY or CR	EMATORY 24D. L	OCATION (C	ity, tawn, or county) (State)
Burial (Speci	5-18-7	Parkwood	P	arkville,	Md.
25A. DATE REC'D BY MAY 1 6 VS 150-REV. 1/1/68	HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTO	R	ns Co., Md.2121



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to be obtained before the remains are embalmed or final disposition.

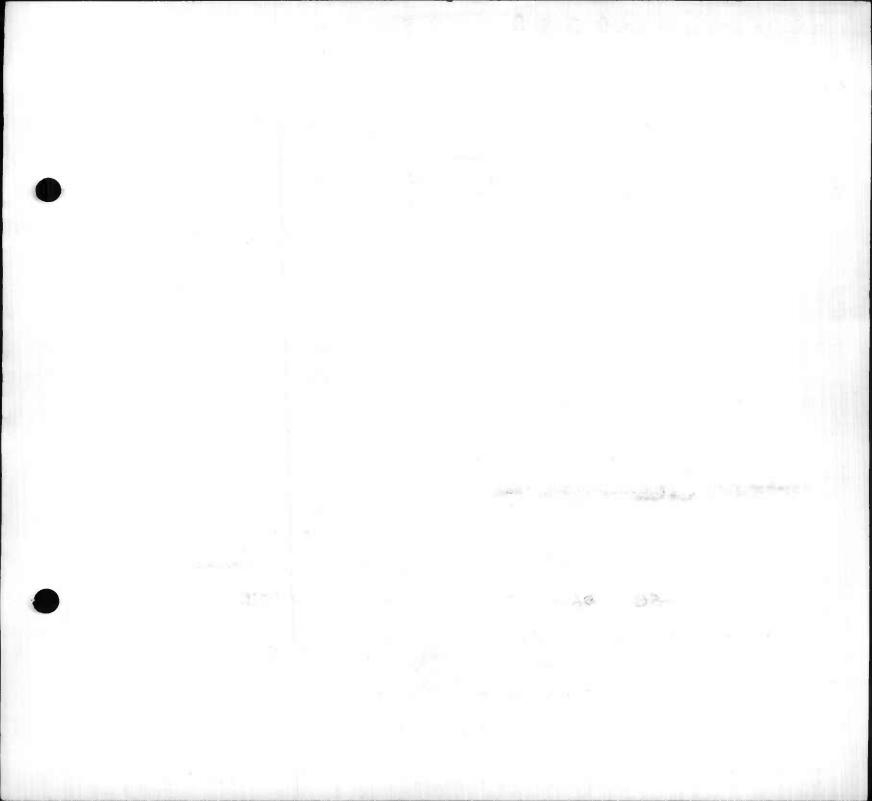
MAY 16 VS 150-REV. 1/1/68

BI	R-263 72 04662 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. 72 04662
1. (T	NAME OF DECEASED (pe or Print) PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD A. USUAL RESIDENCE (Where deceased lived, If institutions residence before admission) A. USUAL RESIDENCE (Where deceased lived, If institutions residence before admission)
FI H	OSHITAL OR ADDRESS OR LOCATION) IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSHITAL OR ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? YES NO
1	UTHERAN HOSPITAL 2413 EDMONDSON AVE
10.	SER 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) 8. Days Hours Min. WIDOWED DIVORCED 2 2 9 9 10st birthday 8. Months Days Hours Min. A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11). BIRTHPLACE Islate of farging country.
	Housewice Home MD. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
15. (Ye	Was Deceased Ever in U. S. Armed Forces? Sono or unknown) [If yes, give war or dates of service] 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS
-	18. APPROXIMATE INTERVAL DISEASE OF CONDITION DISECTLY CAUSE OF DEATH
	DISEASE OF COMMITTOR DIRECTLY
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.) (A) IMMEDIATE CAUSE PUL MON ARY EMBOLISM. DUE TO, OR AS A CONSEQUENCE OF:
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, il any, giving DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF:
	UNDERLYING CONDITION lost. (c) Ca STOMACH. (D) ANASMIA! 10 month
CATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED.
CERTIFIC	WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?
CAL	21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF INJURY (e.g., in or obout 21C. WHERE DID hame, form, foctory, street, office bidg., INJURY OCCUR?
MED	21D. TIME (Month) (Doy) IYeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While At Work At Work
	22. I certify that Withis hospital) attended the deceased from 5/4 1972 to 57/5 1972
	that () (we) last saw the deceased olive on 5-15- 19 72 and that in (our) opinion death occurred on the date
	and hour and from the causes stated above. (We) (did) (did not) view the body ofter death. 23A. SIGNATURE 23B. DATE SIGNED
	Attending Med. Shoff Director Shoff Director Dir
	NAME (Type) SEIN LWIN LUTHER AN HOSPITAL.
24A	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) 1State)
25A	MAY 16 1972 Lobert E PROSTRAR ADDRESS MAY 16 1972 Lobert E PROSTRAR ADDRESS ADDR
1/5	MAIL TO WILL STEER & Surger of More 3035 W. Morth

3035 W. Morth

TAX BOX 1 TO MAKE THE BUILDING ANTES A to Wagner A -

	111 - 9/6 200 04000	THEALTH DEPARTMENT 72 04663
	BIRTH NO. 1. NAME OF DECEASED No. RRIDE. CAME Type or Print	2. DATE AND HOUR OF DEATH
$\ \cdot\ $	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	2.30 AMS 1/3/72+ M.
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	4. USUAL RESIDENCE (Where deceased wed, If institutions residence before admission) A. STATE B. COUNTY Marylane One of the control of the
H	NOIIUTIIAN	Balting D. INSIDE CITY LIMITS? YES NO
	Lutheren Hospital of Maryland	E. STREET AND NUMBER 203 N. Bentalou Street
	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	
	Male Mana WIDOWED DIVORCED	S. DATE OF SIRTH 9. AGE (In yoors If Under 1 Yr. Il Under 24 Hrs. Months: Doys Hours Min.
	10A, USUAL OCCUPATION (GIVE kind of work 108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State at leseign country! 12. CITIZEN OF WHAT COUNTRY?
1	chaueffeur Coal Company	S.C. USA
	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Isakiah McBride	Christopher ?
1	5. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL Yas, no or unknown! Ulf yas, give war ar dates of sorvice! SECURITY NO.	17. INFORMANT ADDRESS
	No 251-07-3522	Mrs. Sarah Inman 1703 N. Bentalou St.
	18. 4 3 1.91 CAUSE OF DEAT	
l	LEADING TO DEATH	demea Herdons
	iThis does not mean the mode of dying, e.g., heart laiture, asthenio, etc. It means the disease, injury a complication which coused death.)	A CONSEQUENCE OF:
	ANTECEDENT CAUSES	Ireal harmatome:
	(B) 2000	A CONSEQUENCE OF:
	rise to the obove cause IAI stoting the UNDERLYING CONDITION last. (C)	,
	, II	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
	DISEASE OR CONDITION GIVEN IN PART 1 (A). 194-DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION	20A-AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED
	19A. Date of Operation 19R condition for which Operation Was Performed Grand Raematons L	IN CERTIFYING CAUSES OF DEATH?
П	DEATH (notily medical examine) 218. PLACE OF INJURY (e.g., in home, farm, loctory, street, of	or about 21 C. WHERE DID III to Relatings City also exect legation
	21D. TIME IMonth! IDoy! (Yoor) IHour 21E INJURY OCCURRED OF INJURY While At The Not While	21F. HOW DID INJURY OCCUR?
1	(APPROX.1 While At Not While At Work	· 🗆
	22. 1 certify that (1) (this hospital) attended the deceased from	1-14- 1972 10 5-13- 1972
H	that (1) (we) last saw the deceased alive an	2 19 and that in(my) (aur) apinian death accurred an the date
	and haur and from the causes stated abave. (1) (We) (did) (did not) v	lew the bady after death.
		ading Med. Staff V 238 DATE SIGNED
	23C. PHYSICIAN'S	Address Aged. Sheff Director Phys. 5 - (3-12-
100	ABOUL MAJID MEMORENA	· 73 o Ashburton St Balto Mp2 1216
	REMOVAL (Specify)	MATORY 24D. LOCATION ICity, town, or county!
2	Burial 5-17-72 Arbutus Memori 5A. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR	
	MAY 1 8 1972 Robert & Jaber M. O D	25C. FUNERAL DIRECTOR NUTTER FUNERAL HOME 3035 W. NORTH AV



	P-200) 72 04664 BALTIMORE CITY	HEALTH DEPARTMEN	NT	72 04664
	CERTIFICA	TE OF DEAT	H REG. N	10
-lh	Type or Print) ROSE RAYE	2. DA	/	DEATH
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A USUAL PESIDENCE	_ / / /	72 7.55 P.M. ed. II institution: residence before admission
11		A. SIAIE	COUNTY	The state of the s
111	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN		D. INSIDE CITY LIMITS?
		BALTIMO	RE	YES NO
	SINAI HOSPITAL OF BACTIMORE	3202 PIN		0,
5	SEX 6. RACE 7. MARRIED X NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in yea	
	EMALE WIDOWED DIVORCED	5/17/09	lost birthdoy	Manths Doys Hours Min.
1	OA, USUAL OCCUPATION (Give kind of work) OB, KIND OF BUSINESS OR INDUSTRY lone during most of working life, even if retired)	11. BIRTHPLA CE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
IL	HOUSEWIFE AT HOME	NEW YORK		USA
ll,	3. FATHER'S NAME	14. MOTHER'S MAIDE	NAME	
	HYMAN MOSS		FANNI	E
0	5. Was Deceased Ever in U. S. Armed Forces? fes, no or unknown) (II yes, give war or dates of service) SECURITY NO.	17- INFORMANT		ADDRESS
	NO 052-01-9425B		ROSE, 3202	PINKNEY ROAD #21215
	18. 4 B 6 7 1 CAUSE OF DEATH	4		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	C.V.A	¥	
	(This does not mean the mode of dying, e.g., heart lailure, asthenia, etc. It means the disease, injury or complication which caused death.)	A CONSEQUENCE OF:		**************************************
	ANTECEDENT CAUSES Gr. 7	BLEBDING		
	(8)	A CONSEQUENCE OF:		
	rise to the above cause (A) stating the UNDERLYING CONDITION tast. (C)			
	1			
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).			
	DISEASE OR CONDITION GIVEN IN PART 1 (A). 194-DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION	1204	N.W. ooo in war	***************************************
1	19A-DATE OF OPERATION 19R CONDITION FOR WHICH OPERATION WAS PERFORMED CORR	ZVA. AUTOPST? (Tes	IN CERTIFYIN	WERE FINDINGS CONSIDERED IG CAUSES OF DEATH?
11	OP CONTRIBUTING TICALIES OF	or obout 21 C. WHERE D	OID (II in B	altimore City, give exact location)
4	DEATH Inotify medical examines			
24.4	D 21D-TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED K OF INJURY K IMPROX 1 Not While		D INJURY OCCUR?	
	Work At Work			
	22. I certify that (I) (this hospital) attended the deceased from	5-6	19 <u>72</u> to	5-18 19 72
	The to the terminal and the decaded office office of the terminal and the	19 <u>7</u> or	nd that In (my) (ou	r) opinion death accurred on the date
	and haur and from the causes stated above. (i) (We) (did) (did not) vi	lew the body after de	oth.	
	Colard Mush & Atter	nding Med. [Staff (2)	23B, DATE SIGNED
	23C. PHYSICIAN'S	3D. ADDRESS	Phys	5-13-72
	SAHASCHAI MUSIKABHUMMA	SINAI 1	HOSPITAC	OF BALTIMORE.
2	4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE		D. LOCATION	(City, town, or county) (State)
	BURIAL 5-15-72 BALTIMORE HEBREW		REISTERSTO	WN, MARYLAND
2	SA. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR	25C. FUNERAL DIRE	CTOR BROS	6010 REISTERSTOWN ROAD
	MAY 16 1972 3056 E. ST. M. S	3 5 5	J. D.	0010 1010121010111111111111111111111111

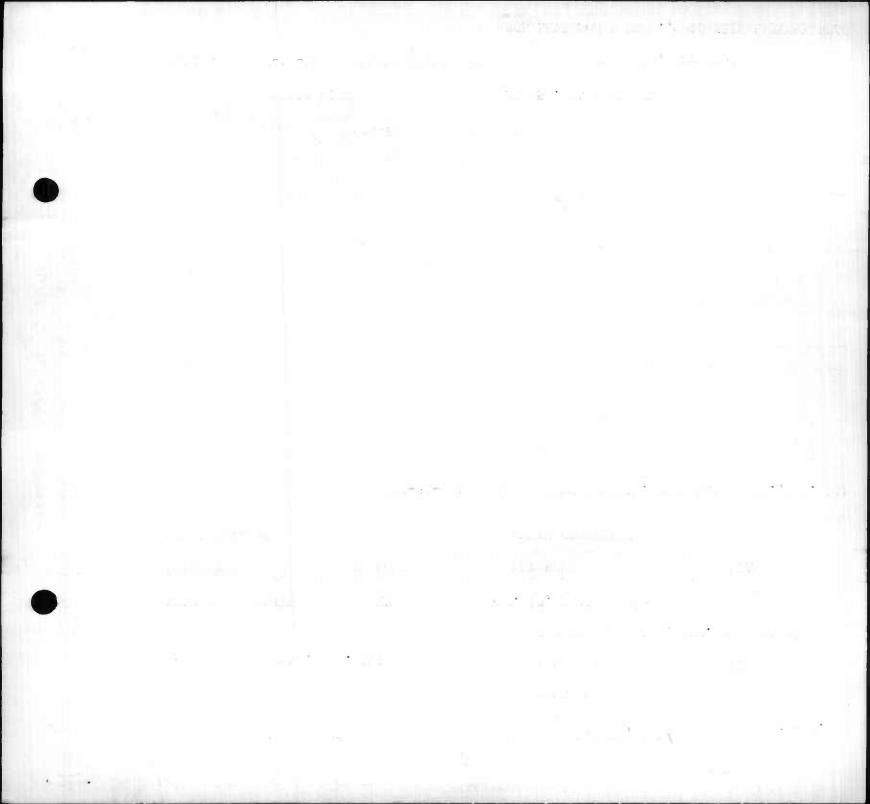
STATE OF THE PARTY and the state of t 1000 * 1

IMPORTANT FUNERAL DIRECTOR:

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such a hospital and This certificate must be approved by the chief medical examiner or his assistant if death occurred in written approval must be obtained before the remains are embalmed or final disposition is made.

	K-150	72 0	1005	BALTIMORE CITY	HEALTH DEPARTMENT		72 04665
B	RTH NO.	120	4000	CERTIFICA	TE OF DEATH	REG. NO	12 01000
	NAME OF DEC	BERTHA I	KAUFMAN			13, 1972	
3.	PLACE IN BAL	TIMORE, MARYLAND, W		UNCED DEAD	4. USUAL RESIDENCE (WI	tere deceased lived. If in	1:20 P. M
H	ULL NAME OF OSPITAL OR ISTITUTION	(IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	MARYLAND		2831
		ERLE DRIVE.	ADT 20		BALTIMORE	D. 11431	YES XX NO
	0000	ERLE DRIVE,	AFI. 20.	1	E. STREET AND NUMBER	T DDTITE ADD	
5.	SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	19. AGE (In years	1 Under 1 Va . If Under 24 Hes.
	FEMALE	WHITE	WIDOWED	DIVORCED	AUG. 13, 1891	9. AGE (In years fast birthday) 80	If Under 1 Ys. If Under 24 Hes. Months Doys Hours Min.
do	A. USUAL OCCU no during most of w HOUSEWI	rotking life, even it relired)	1	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stoto or for NEW YORK	reign country)	12. CITIZEN OF WHAT COUNTRY!
13.	FATHER'S NAM	AE 3A			14. MOTHER'S MAIDEN NA	AME	
	HARRY R	OBERTS			NETTIE GROSSI	BERG	
15. (Ye	Wos Deceased os, no or unknown)	Ever in U. S. Armed Fore	es? of service)	SECURITY NO.	17. INFORMANT		ADDRESS
	NO			213-54-2519 CAUSE OF DEATH		UFMAN, 6608 H	BERLE DR., APT. 201
	(This does not heart failure, cliniury ar comp A DISEASES OF rise to the	E OR CONDITION DIR LEADING TO DEATH of mean the mode of pethenia, etc. If means olication which caused NTECEDENT CAUSES R CONDITIONS, if above cause (A) CONDITION last.	dying, e.g., the disease, death.)	DUE TO, OR AS	SE ACUTE M. A CONSEQUENCE OF: A CONSEQUENCE OF: CONSEQUENCE OF:		3 years
ERTIFICATION	TO THE DEATH	CANT CONDITIONS CON BUT NOT RELATED TO THE PODITION GIVEN IN PART OPERATION 198. CONT WAS PERF	E TERMINAL 1 (A). SITION FOR V	VHICH OPERATION	20 A. AUTOPSY? (Yes or N	o) 20B. IF YES, WERE F	INDINGS CONSIDERED
CERT	Old Accioni				no	IN CERTIFYING CAL	ISES OF DEATH?
CAL	DEATH (natify t	T WAS UNDERLYING TING CAUSE OF medical examines	218, ham etc.)	e, tarm, tactary, street, att	or obout 21 C. WHERE DID INJURY OCCUR?	(If In Bollimare	City, give exect location)
MEDI	21 D. TIME OF INJURY (APPROX.)	(Manth) (Doy) (Year)		INJURY OCCURRED Not White At Work	21F. HOW DID IN	JURY OCCUR?	
	that (I) (we) I	ast sow the deceases	alive on	May 13	19 7 2 and th	19toM hot in(my) (our) opin	ay 13 1972
	and haur ond	from the causes state	d above. (I) (We) (did) (did not) vi	ew the body after death.		
	23A3 SIGNALOR	Louis E	. Wic		ding Med.	Stoff Phys.	23B. DATE SIGNED
	23C. PHYSICIAN NAME (Typ	LOUIS 1	VICE	DEGREE	920 ST. PAUL		
24#	BURIAL CREM			ME OF CEMETERY OF CREA			(Stole)
	BURIAL	5-15-72		REW FRIENDSHIP		LTIMORE, Mary	

POSE E TO REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. 25C, FUNERAL DIRECTOR ADDRESS *SOL/LEVINSON & BROS.,6010 REISTERSTOWN ROAD VS 150-REV. 17/68



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

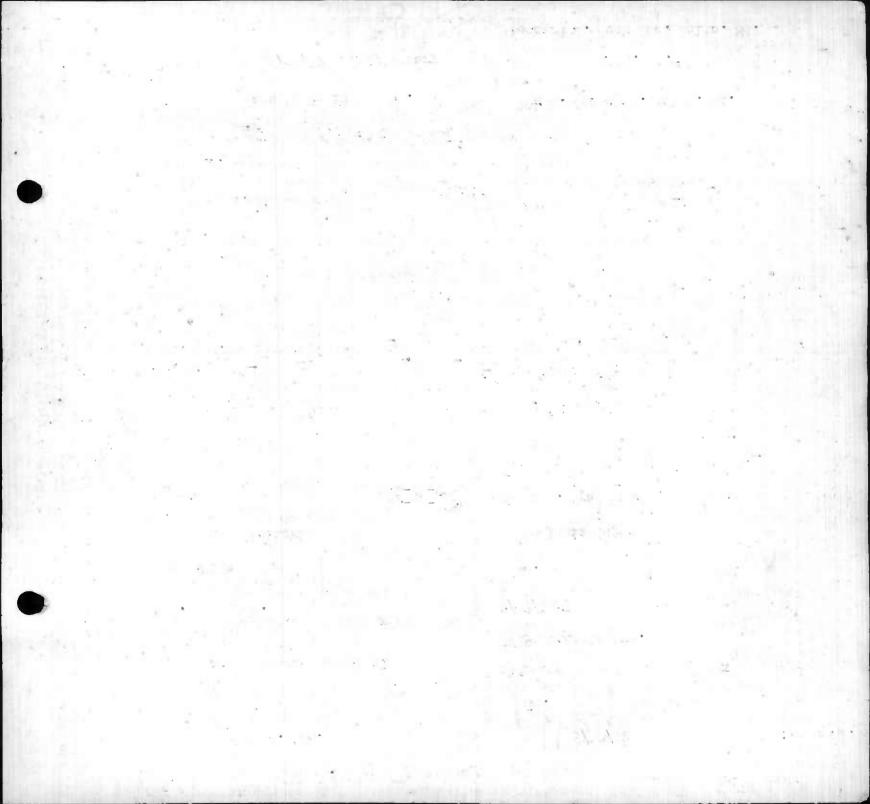
0 .	10 000	1000	BALTIMORE CITY	HEALTH DEPARTMENT	T	72 04666.
SIRTH NO.	0 72 0	4666	CERTIFICA	TE OF DEATH	REG. NO.	12 01000.
NAME OF DE	CEASED				AND HOUR OF DEAT	H
Type or rand	HAROLD	G. CASSE	CL		5/13/1	9721
3. PLACE IN BA	LTIMORE, MARYLAND,	WHERE PRONO	JNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If	institution: residence before admissia
FULL NAME OF	F (IF NOT IN HOSPI' ADDRESS OR LOC	TAL OR INSTITU	ITION, GIVE STREET	MARYLAND	BAL	TIMORE
NOTITUTION				C. CITY OR TOWN	D. II	NSIDE CITY LIMITS?
)	OHNS HOPKINS	HOSPIRAL		BALTIMORE		YES NO X
601 N	BROADWAY			E. STREET AND NUMBE	R	
BALTI	MORE MD 2120			4728 BYRO		
		WIDOWED!	NEVER MARRIED DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hr Months Days Hours Min.
MALE OA USUAL OCC	WHITE CUPATION (Give kind of wor			01-30-20 11. BIRTHPLACE (State of	52	la cirian or ways
one during most o	f working life, even if refired)			110 MIXTHE EX GE (31016 01	totelgh country)	12. CITIZEN OF WHAT COUNTE
MERCA		RETA	IL	GERMANY		USA
3. FATHER'S NA	ME			14 MOTHER'S MAIDEN	NAME	
TSADO	RE CASSEL			SABINE	LESER	
Wes Decease	d Ever in U. S. Armed Fo.	rces?	16. SOCIAL	17. INFORMANT	end 10/ 4/4%	ADDRESS
	n) (If yes, give war or date	es of service	SECURITY NO. 212-28-3141	IDC MAD TODES	CACCEL 4700	
NOYES	7 7 7		CAUSE OF DEATI		CASSEL, 4/28	BYRON RD. #21208
10	SE OR CONDITION DI		CHOSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
UNDERLYIN OTHER SIGNI	G CONDITION lost. II FICANT CONDITIONS CO	NTRIBUTING	(c)	A CONSEQUENCE OF:		***************************************
CIDISEASE OR	TH BUT NOT RELATED TO T CONDITION GIVEN IN PAR F OPERATION 198 CON	RT 1 (A).	100000000000000000000000000000000000000			***************************************
19A-DATE O	WAS PER	FORMED TOR W	HICH OPERATION	20A-AUTOPSY? (Yes or	IN CERTIFYING C	E FINDINGS CONSIDERED
OR CONTRIB	NT WAS UNDERLYING DETERMINED CAUSE OF y medical examined	218. home	PLACE OF INJURY (e.g., ir b, form, factory, street, af	or about 21C. WHERE DIE	(if In Baltim	are City, give exact location)
21D. TIME	(Month) (Doy) (Year)	(Hour) 21E,	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
(APPROX.)			e At Not While			
		Worl	At Work			1/12 72
22. I certify	that (1) (this hospital	l) attended th	e deceased from	5/12	19 1 6 10	3/12 19/
that (I) (we	lost saw the decease	d olive on)//	19 + 2 ond	that in (my) (our) of	plaion death occurred on the do
ond hour or	d from the causes sta	ted obove. (1)	(We) (did) (did)not) vi	lew the body after deat		
23A. SIGNAT		10 -	2 h	7		238. DATE SIGNED
	Better	Duber	After Phys	iding Med.	Shoff Phys.	5/17/77
23C. PHYSICI	AN'S		-DEOREE!	3D. ADDRESS	Tily 4.	1 1 1 1 0
NAME		HOT I DATE	PDC M D	mile Toldia in	ODICANA MAGA	DAT
A. BURIAL CRI	MORLEY D.		ME of CEMETERY OF CRE		OPKINS HOSPI	
REMOVAL	(Specify)	24C, NA	ME OF CEMETERS OF CRE	MAIORY 24D	LOCATION (City, town, or county) (State)
BURIA		CHEV	'RA AHAVAS CHE	SSED	RANDALLSTOWN	MARYLAND
A. DATE REC'E	BY HEALTH DEPT.	25B. NAME O	FREGISTRAR	25C. FUNERAL DIRECT	OR	ADDRESS
MAY 1 A	1972 Jones &	Jaber,	M.D. O	SOL LEVINSON	& BROS.,60:	10 REISTERSTOWN ROA
150-REV. 171	68			-9-9-9-	-	

TO SAVE THE RESIDENCE OF THE SAME OF THE S Partie of Williams . The second control of t EDGRAMA E TEMPER 101-90-50 T The state of the s A PEATING

1	BALTIMORE CITY HEALTH DEPARTMENT /2 04007
	2-6/3 72 04667 CERTIFICATE OF DEATH REG. NO.
and eoth ased the Such	I, NAME OF DECEASED 2, DATE AND HOUR OF DEATH
	Type or Print) OSEAL W. ZERIVITZ 5-12-72 10:20 P
of do	3. PLACE IN SALTIMORE, MARYLAND, WHERE PROMOUNCED DEAD 14, USUAL RESIDENCE (Where deceased lived, II institution: residence before admission
900	Scar (Llas Add (D.) /)
5 5 0 b	HOSPITAL OR ADDRESS OR LOCATION) D. INSIDE CITY LIMITS?
cau Jse; end to	Levindale Chronic BALTO YES NO
ng cot att	E. SIREEL AIRD INDINGER
ed ed or pr	5. SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH (SEX) 9. AGE (In years of) If Under 1 Yr. , If Under 24 Hrs
200-00	lost birthdoy) Q7 Months; Doys Mours; Min.
occu ontri ermi regu eose	Tale hite WIDOWED DIVORCED 10-40-4XXX 34XX 34XX 34XX 34XX 34XX 34XXX 34XX 3
in on	done during most of working lile, even if retired)
or o	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
if d (4) U wa the spos	ADOLDH DADOG ALL
dir dir di (a	ADOLPH PARISER Abyam Zeyrvitz BARACH ? 15, Wos Deceosed Ever in U. S. Armed Forces? 16, SOCIAL 17, INFORMANT ADDRESS
ind ind eot eot al	(Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.
ssis th d d fin	216-32-7862 MR. BERYL ZERIVITZ, 6113 BILTMORE AVE. #2121
ony ced ced ndo	The state of Beauti
So nu	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH LEADING TO DEATH LEADING TO DEATH
A P O O O O O O O O O O O O O O O O O O	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart follower, established by the property of th
er. ctu pro lor	injury or complication which coused death.)
fro ge	ANTECEDENT CAUSES (B) (B)
X A Why	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF:
(3) e	rise to the obove couse (A) stoling the UNDERLYING CONDITION lost, (C)
licol col ns; icici	
edi sur ys me	other significant conditions contributing teacher were to the terminal teacher was a construction of the death but not related to the terminal
y E	DISEASE OR CONDITION GIVEN IN PART I (A). DISEASE OF CONDITION GIVEN IN PART I (A).
Bood the ysie	WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?
by by ph	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) or CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?
5 - 0 + 0 + 0 + 0 + 0 + 0 + 0 + 0 + 0 + 0	DEATH (notify medical examiner) etc.)
spins (S)	21D. TIME (Month) (Doy) (Yeer) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While AI Not While
ho h	While At Work Not While At Work
he he any	22. I certify that (14this hospital) attended the deceased from 19 7 to 5 1 2 19
far far far far for far for for for for for for for for for fo	that (17 (we) lost sow the deceased alive on
sed to	and hour and from the causes stated above. (1) (We) (did) (We) view the body after death.
st be ased lent sspit deat	23A, SIGNATURE 23B, DATE SIGNED
cciccic	Attending Med. Staff Phys. Director Phys. Staff
0 - 0 - >	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS
was was A. at prio	ROBERT L. YOUNG DEGREE LEVINDALE HEB. HOME
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, lown, or county) (State)
	BURIAL SIMIN BNAI ISRAEL POUTHERN HUR
This certification the body shows: (1) was D.O. deceosed written o	25A, DATE REC'D BY HEALTH DEPT 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS 25C. LEVINGON HALOS BOTO VEISURSTOWN R
4 > 0 >	VS 150-REV. 1/1/68

Haspitale Chronic Shall a Shal

2-100	?~() (14000		Y HEALTH DEPARTMEN	IT PEG NG	72 04668
BIRTH NO.		14668	CERTIFICA	TE OF DEAT	П	
1. NAME OF DEC	Helen A. Gran	1		5/	10/72	10:25 P.
	IMORE, MARYLAND, W			4. USUAL RESIDENCE A. STATE 8. ((Where deceased lived.	Il institution: residence before admissio
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITUTION	ON, GIVE STREET	C. CITY OR TOWN	D.	INSIDE CITY LIMITS?
Un	ion Memorial	HOspital		Baltimore	(FD	YES NO
4-4-				3719 Echoda		
F.	6. RACE W.	WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 2/27/1893	9. AGE (In years lost birthdoy)	If Under 1 Yr. II Under 24 H Manths Days Hours Min.
	varking lils, even if retired)	108, KIND OF BU	ISINESS OR INDUSTR	Md.	r foreign country)	USA
13. FATHER'S NAM	er Lipinski		- 52	14. MOTHER'S MAIDEN		
15. Wos Deceosed	Ever in U. S. Armed For		· SOCIAL	Apolonas	Lajac	ADDRESS
(Yes, no or unknown)	(II yes, give war or date	23	3-07-1184 / 2-70-9828	Arthur M. Gr	au same	
DISEASES OF COMMENT OF THE DEAT OF THE DEA	WAS PER	ony, giving sloling lhe INTRIBUTING HE TERMINAL RT 1 (A).	(C)CH OPERATION	20A. AUTOPSY? (Yos	ar No) 20B. IF YES, W	VERE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIBL	TING CAUSE OF	21 B. PL. home, etc.)	ACE OF INJURY (o.g., farm, foctory, street, o	in ar about 21 C. WHERE Defice bldg., INJURY OCCU	DID (If in Ba JR?	Itimore City, give exoct location)
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)	(Haur) 21 E IN While Work	JURY OCCURRED At Not Wh	ilo	D INJURY OCCUR?	
that (I) (we)	that (1) (this haspito last sow the decease from the causes sta	ed alive an.	mil 29			opinian death occurred an the d
23A. SIGNATU	RE Um Sheef	Houng	1	ending Med.	Staff Phys.	23B, DATE SIGNED
NAME (T	Jamshid H	am Fd 1	MD . DEGREE	204 E. J	oppa Rd. Bal	to. Md.
REMOVAL (4 4 4 4		E of CEMETERY of CI		4D. LOCATION	(City, tawn, or caunty) (Stoto)
Burial	5/15/7 BY HEALTH DEPT.	2 Holy	Rosary	2SC. FUNERAL DIRE	Balto. Md.	ADDRESS
WAY 1	1012 00	5 8 A.	2,000		*Ruck Inc.	



72 04669 BALTIMORE CITY HEALTH DEPARTMENT

1 - 460 BIRTH NO.) MEI	DICAL	EXAMIN	IER'S C	ERTIF	CATE OF	DEAT	TH REG. N	0	UPU	03
I. NAME OF DEC	CEASED				2. DATE	Known []	Month	Doy	Yeor	Hour	
(Type or Print)		RD W.	TVIED		OF	Estimoted					
4. PLACE IN BAL	LTIMORE, MARYLAND,			AD	3. DATE		Month	Doy	Yeor	Hour	M.
FULL NAME OF HOSPITAL OR INSTITUTION		TAL OR INST	ITUTION, GIVE STR			DUNCED DEAD	5	14	1972		:10рм
OK INSTITUTION	Maryland Ge	neral	Hospital		A. STATE	RESIDENCE (When	re deceosed	B. COUNT) 7	Z Sission)
6. SEX	7. RACE		ED TO NEVER M	ARRIED	C. CITY O	RTOWN		D. INSIDE	CITY LIMITS	?	-
male	white	WIDOW	ED DIV	ORCED 🔲		Balto.			YES X	NO 🗆	
9. DATE OF BIRT	H 10. AGE (If Under 1 Yr. If Und		E. STREET	AND NUMBER					
May 7,	1901	71			323	6 Glendale	e Ave.				
11. BIRTHPLACE	State or foreign country)		12. CITIZEN OF	(TD)/O	13. FATHE	R'S NAME				G FL	
Virg	ginia	III AD MINID	WHATCOUN	IIKY?	Hen	ry Tyler	115				
done during most of	JPATION (Give kind of wor working life, even if retired) KIND	OF BUSINESS O	K INDUSTRY	13. MOTH	EK 5 MAIDEN NA	WE				
Engineer						erta					
	ED EVER IN U.S. ARME			TY NO.	IB. INFOR	MANT			ADDRESS		
Yes	WWI		215-2	2-378	9 Mrs	. Virgir	nia A.	Tyle	r S	ame	
19.)	20, X		CAU	SE OF DEAT	TH					WEEN ONSET	
	SE OR CONDITION DIR	ECTLY				linjuries	3				
	not mean the made of d	lying, e.g.,		MMEDIATE C		QUENCE OF:				*	
heart foilure	e, osthenio, etc. It means the mplication which coused de	ne diseose,		JUL 10, OK 2	J A COIVE	QUEIVEE OF.					
UNDERLYII	E ABOVE CAUSE (A) ST. NG CONDITION LAST. II NIFICANT CONDITIONS (ATH BUT NOT RELATED TO	CONTRIBUT					<u></u>				
DISEASE OF	R CONDITION GIVEN IN										
20A. DATE O	F OPERATION 20B. CC	NOITION	FOR WHICH OPE	RATION WA	AS PERFOR	MED				OPSY? (Yes	or No)
Z 22A. EXTER	NAL CAUSE WAS		22B. PLACE OF II	NJURY (e.g.,	in or obout	22C. WHERE DID	(If in Boltim	ore City, give		es)	40
UNDERLYING	G GOR CONTRIB-		home, form, foctory	y, street, office	e bldg., etc.)	INJURY OCCUR?					TO
UNDERLYING UTING CA	(Month) (Doy) (Ye	ar) (Hour) 22E INJURY C	aurant	3	1 W. Bal			narcoa		
OF INJURY		20	WHILE AT		WHILE					Rest	•
(APPROX.)	5-14-72 7	:30 p	m. WORK	AT W	ORK X	Apparentl	ly reli	Lcdown	steps.		
	tify that I held an	Inquiry [Inspectia	n Au	tapsy 🔯	and that an	this basis	, death In r	ny apinion		
resul	Ited fram: Natural ca	uses 🗌	Accident E	Suicid	le 🗌 🕒	lamicide 🔲	Undeterm	ined manne	er 🗌		
		m	0			CHIEF MEDICAL	EXAMINER	\mathbf{x}		DATE CIC	CALED
ACTUAL	11///	100	Men	M.D	ASS	SISTANT MEDICAL	EXAMINER			DATE SIC	NED
EXAMIN	JER'S					OCIATE MEDICAL	EXAMINER				
NAME (Type) Rus	sell S	5. Fisher	, M.D.					5-3	L5-72	
24A. BURIAL CRE REMOVAL (Spec			24C. NAME of		ar CREMAT	ORY 24D	LOCATIO	N (City, I	own, or count	(SI	tote)
Buri 25A. DATE REC'D	al 5/17 BY HEALTH DEPT.	7/72 25B. N	Parkwo		meter 25C.	Y FUNERAL DIREC		imore	Maryl	and	
MAY 1	6 1972 Jabe	A E. 3	achen MD	0	Le	onard J.	Ruck	Inc.	5305	Harf	ord !
VS 151-REV. 1/1/6	BNSS	4.0	1 600	U	3	0 0 7	1				

W. W. H. I. . . . 215-22-3789 RFS. Wirelpite A. Tyler . Memo THE VIEW grand harve se tip

Eleberate de Eschaft Rest

5/17/72 Inrawood Cemetery sellimore seryleds:

Capting of a limit that some some limiting has

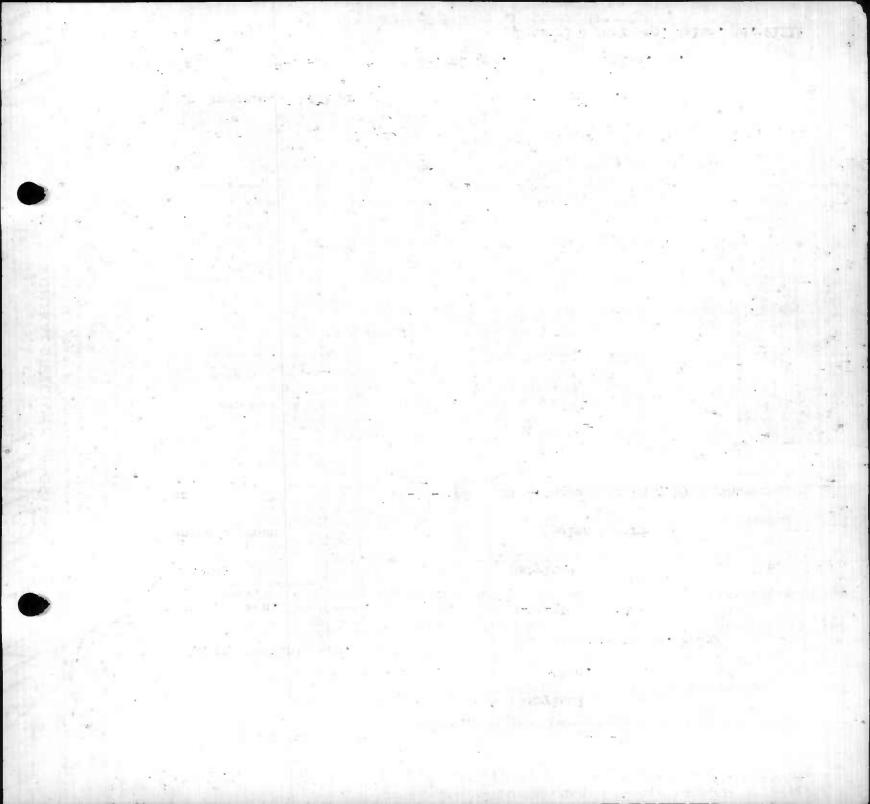
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

-	T-651 72 0467	1	HEALTH DEPARTMENT	REG. NO.	72 04670
8	NAME OF DECEASED Trimbo Tol	CERTIFICA	TE OF DEATH		
II.	ype or Print) Trum60	, Ida	2. DATE AI	ND HOUR OF DEATH	77-1 8-20 p.
3	PLACE IN BALTIMORE, MARYLANO, WHERE PROP	OUNCED OFAD	4. USUAL RESIDENCE (Whe	ere deceased lived If in	stitutions residence before admission)
111	ULL NAME OF IF NOT IN HOSPITAL OR INSTANTION ISTITUTION IF NOT IN HOSPITAL OR INSTANTION	TITUTION, GIVE STREET	C, CITY OR TOWN	Ma:	ryland 270 (
11.			Balto.	D. INSI	YES X NO T
15	Hamilton Nursing Home		E. STREET AND NUMBER 5628 Pioneer	Drive	YES X NO
5.	SEX 6. RACE 7- MARRIE	D NEVER MARRIED	8. OATE OF BIRTH	9. AGE (In years	If Under 1 Yr If Under 24 Hrs.
	remale Cauce te WIDOWE	DIVORCED T	6/3/89	lost birthdoyl 8.3	Months Days Hours Min.
de	A. USUAL OCCUPATION (Give kind of work 10 B. KENO one during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fore	ign country!	12. CITIZEN OF WHAT COUNTRY
	Housewife		Maryland		USA
113	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	0.011
	Edward D.		Elizabeth	Walker	
1.5 (Y	. Was Decoased Ever in U. S. Armed Forces? es, no or unknown! (If yes, give wor or dotes of service	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
L	No	215-18-0690	Pennington Fun	eral Home Ha	vre De Grace, Md.
	18. 4 3 2.91	CAUSE OF DEATH	1	,	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		SE tryposto	2til	SETWEEN ONSET AND DEATH
	(This does not mean the made of dying, e.	(A) IMMEDIATE CAU	SE PUENCE OF:	eumon	14 14 ECK
	heart lailuse, asthenia, etc. It means the diseast injury ar complication which coused death.)	e,	CONSERVENCE OF		
	ANTECEDENT CAUSES	Cere	wal sel	evasie	
	DISEASES OR CONDITIONS, if ony, givin	(B)	A CONSEQUENCE OF:	-10013	
	rise to the obove cause (A) slotting the UNDERLYING CONDITION last.	e and	basilar.	artery	-
		(0)	To hai a district	<i>7</i>	
ERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************	# # 00 BB # BB # BB # BB # BB # BB # BB		
FIC	19A-DATE OF OPERATION 19B CONDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
EPT	UNA LENONIED			IN CERTIFYING CAU	SES OF DEATH?
CALC	OR CONTRIBUTING CAUSE OF CAUSE	B PLACE OF INJURY (e.g., in ome, form, foctory, street, off c.)	or obout 21C. WHERE DID	(II In Boltimore	City, give exoct locotion)
MEDI	OF INJURY (Month) (Doy) (Year) (Hour) 21	E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
2		/hile At Not While At Work			,
	22. I certify that (1) (this hospital) attended	the deceased from 4	1/19	972 10 5/	12 1972
	that (1) (we) last sow the deceased alive on	5/11	/	/	on death occurred on the date
	and hour and from the couses stated above.	(I) (###) (did not) vi	ew the bady after death.		
	23A. SIGNATURE				23B, DATE SIGNED
	() Le ourine la	DEGREE Phys.	Med.	Stoff Phys.	5/13/72
	23t- PHYSICIAN'S NAME (Type)		SO. ADDRESS	ed Harto	d DD
24	A- BURIAL CREMATION, 24B DATE 24C. P	NAME OF CEMETERY OF CREA	MATORY 24D. LC	CATION /(City,	town, or county) (State)
	D	ngel Hill Cem.	141	0	, Md. Harford Co.
25	A. DATE REC'O BY HEALTH DEPT. 1258-NAME	OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
	MAY 1 8 1972 Hobers F. Spelly	2000	Leonard J Ruck	Inc. Balto.	
VS	150-REV. 1/1/68		U U U		

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was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

B-65	1013	CACO	BALTIMORE CITY	HEALTH DEPARTMEN	PEG NO	72 04671
BIRTH NO.	12	U407.	CERTIFICA	TE OF DEATH	H REG. NO.	7.0 0.2
1. NAME OF DEC					AND HOUR OF DEAT	Н
trypo or rum	Charles Ross	Brown		5-	13-72	1:50 A
3. PLACE IN BA	LTIMORE, MARYLAND, V	VHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Where doceosed lived. If	institution: residence boforo admission
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	Maryland	In the	NSIDE CITY LIMITS?
INSTITUTION				Balto.	D. III	YES NO
44				E. STREET AND NUMBE	P	TES EL INO
	on Memorial Ho	osp.		1910 North	bourne Rd. 2	
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. II Under 24 Hr Months Doys Hours Min.
Male	Cauc.	WIDOWED	DIVORCED	3-26-21	lost birthdoy)	
	working life, even if retired)	k 108, KIND OF	BUSINESS OR INDUSTRY		foreign country)	12. CITIZEN OF WHAT COUNTR
3. FATHER'S NA	•			Maryland 14. MOTHER'S MAIDEN	NAAAR	USA
13. FAIRER 3 NA	IME			14. MOTHER'S MAIDEN	NAME	
George	W Brown			Helen	C Ward	
S. Was Decease	d Ever in U. S. Armed Fo	rces?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
Yes	WW TT	00 01 36141067	212-18-8482	Mars Dellaware	D	
18. 4.1	AGAA TT		CAUSE OF DEAT	LILS DOTOLGS	s brown 1910	Northbourne Rd
rise to th	OR CONDITIONS, if the obove couse (A) G CONDITION lost.		(C)	A CONSEQUENCE OF:		
TO THE DEA	FICANT CONDITIONS CO TH BUT NOT RELATED TO T CONDITION GIVEN IN PAI F OPERATION 198, CON	THE TERMINAL RT 1 (A).	WAICH OBERTSON	20 A ALITOBRY (V	AND OR IF YES MES	The Findings Control of the Control
19A. DATE O	WAS PER	FORMED	WHICH OPERATION	20 A. AUTOPSY? (Yes o	IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
_ OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF wedical examined	21 B hom etc.	PLACE OF INJURY (e.g., i ne, form, foctory, street, o	n or obout 21 C. WHERE DI	D (If in Boltin	nore City, give exect location)
21 D. TIME	(Month) (Doy) (Yout)	(Hour) 21E	. INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
(APPROX.)		Wh	ile At Not While	е		
00 1	.1 . (1) (.1, .1,					6-3a
			he deceased fram		19 5 5 ta	7444131972
	last saw the decease		ups-1			spinian death accurred an the do
and have an	d from the causes sta	ted abave. (l) (We) (d id) (did nat) v	iew the bady after dea	th.	
23A. SIGNAT	URE					23B. DATE SIGNED
4	rederick 1/	11.lence	Atte Phy	nding Med.	Staff Phys.	5-15-721
23C.PHYSICIA	Type)	3	DE GREET	23D. ADDRESS		1 / 10
		lmer	OEGREE	6100 York		
REMOVAL	MATION, 248. DATE	24C. N.	AME of CEMETERY of CRI	EMATORY 24	D. LOCATION	(City, town, or county) (State)
Burial	5-16-7	2 Ne	w Cathedral Co	em •	Balto. Md.	
MAY 1	BY HEALTH PAPT		OF REGISTRAR	2SC. FUNERAL DIREC	TOR	ADDRESS
/S 150-REV. 1/1/	68	1 7 6	4 4	3 6 6)	TOO HAS CIEIL



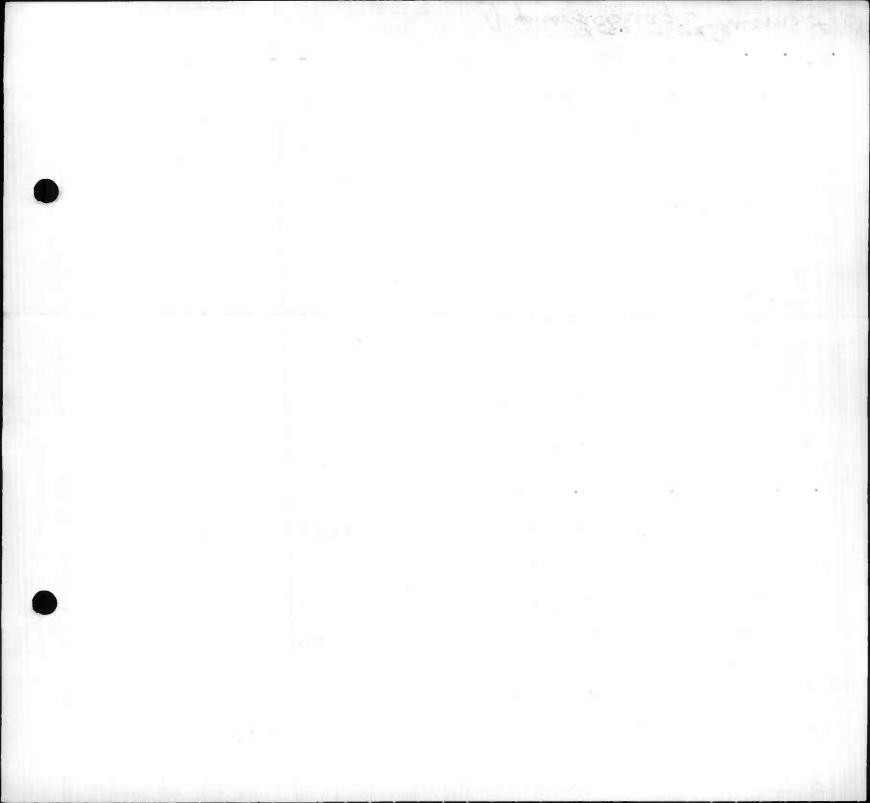
hospital and use of death (5) Deceased	death. Such
f death occurred in a	was in regular atten
ct or contributing ca	he deceased prior to
) Undetermined cause	osition is made.
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
e chief medical exami	e the physician who
by a medical exami	shysician was in regi
2) Body burns; (3) A fr	ore the remains are el
it be approved by th	spital (except wher
used to the hospital	leath); and (6) No p
ent of any nature; (2	rust be obtained bef
This certificate mus	was D.O.A. at a ho
the body was relea	deceased prior to a
shows: (1) An accid	written approval m

	C Murray	2. DATE AND HOUR OF DEATH 5-13-72	A				
PLACE IN BALTIMORE, MARYLAND, WHERE		4. USUAL RESIDENCE (Where deceosed lived, If institution: residence	helare admirrian				
JLL NAME OF (IF NOT IN HOSPITAL O	R INSTITUTION, GIVE STREET	Maryland 27	140				
STITUTION		C. CITY OR TOWN D. INSIDE CITY LIMITS?					
Sinai Hosp.		Baltimore YES	40 []				
37		2416 Steele Rd					
SEX 6. RACE 7. M	ARRIED NEVER MARRIED		Il Under 24 Hrs.				
Temale White wm	DOWED TO DIVORCED	March 1.1908 64	Hours Min.				
A. USUAL OCCUPATION (Give kind of work 108, ne during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or loreign country) 12. CITIZEN OF	WHAT COUNTRY				
		Maryland U.S.A.					
FATHER'S NAME		Maryland U.S.A.					
dward L Brooks		Catherine T Ormond					
Was Dangered Fronts II S Amed Samuel	1 6. SOCIAL	17. INFORMANT ADDRE					
s, as or unknown) (iii yes, give wor or dotes of	service) SECURITY NO.	ADDRE					
	219-10-9048	1 11 11 11 11 11 10 10 10					
18.410.9	CAUSE OF DEAT		ONSET AND DEATH				
DISEASE OR CONDITION DIRECTI	LY	cute m. ocardial	41_				
(This does not mean the mode of dyin-	(A) IMMEDIATE CAL	ISE To Start I'm	on				
heart failure, asthenia, etc. It means the disease,							
injury or camplication which caused death.)							
ANTECEDENT CAUSES	(B)						
DISEASES OR CONDITIONS, if any, rise to the above cause (A) statis	giving DUE TO, OR AS	A CONSEQUENCE OF:					
UNDERLYING CONDITION last.	(c)						
II .	,_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************	***************************************				
OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING						
TO THE DEATH BUT NOT RELATED TO THE TER DISEASE OR CONDITION GIVEN IN PART 1 (A	1.	***************************************	*********				
19A. DATE OF OPERATION 198. CONDITIO	N FOR WHICH OPERATION	20A. AUTOPSY7 (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDER IN CERTIFYING CAUSES OF DEATH?					
WAS PERFORM			PERED				
21A. ACCIDENT WAS INDEBLYING!	218 PLACE OF INTURY (a.a.	n or about 21 C. WHERE DID					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)	218. PLACE OF INJURY (e.g., home, form, loclory, street, of elc.)	n or obout 21C. WHERE DID (II In Boltimore City, give exect to fice bldg., INJURY OCCUR?					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examined) 21D. TIME (Month) (Day) (Year) (Her	elc.)	n or obout 21C. WHERE DID (II In Boltimore City, give exect to lindy occur?) [II In Boltimore City, give exect to lindy occur?]					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examine)	und 21 E. INJURY OCCURRED While At Not While	21F. HOW DID INJURY OCCUR?					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examined) 21D. TIME (Month) (Doy) (Year) (Hor APPROX.)	und 21 E INJURY OCCURED While At Not While At Work	21F. HOW DID INJURY OCCUR?					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner) 21D. TIME (Month) (Doy) (Year) (Horoff INJURY (APPROX.) 22. I certify that (I) (this bospical) atternal	while At Nork While At Work At Work	21F. HOW DID INJURY OCCUR?					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examined) 21D. TIME (Month) (Doy) (Year) (Hor APPROX.)	while At Nork While At Work At Work	21F. HOW DID INJURY OCCUR?	cotion)				
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examined) 21D. TIME (Month) (Day) (Year) (Horomore) 21D. TIME (Month) (Day) (Year) (Horomore) 22. I certify that (I) (this haspisal) attention (I) (wee) last saw the deceased alioned hour one) from the causes stated at	while At Not While At Work anded the deceased from Not Work	21F. HOW DID INJURY OCCUR? 19 2 2 and that In(my) (see) opinion death occur	cotion)				
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examined) 21D. TIME (Month) (Doy) (Year) (Horomore) 21D. TIME (Month) (Month) (Doy) (Year) (Horomore) 21D. TIME (Month) (Mont	while At Not While At Work anded the deceased from Not Work	21F. HOW DID INJURY OCCUR? 19 2 2 and that In(my) (see) opinion death occur	2 19 22 red an the date				
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examined) 21D. TIME (Month) (Day) (Year) (Horomore) 21D. TIME (Month) (Day) (Year) (Horomore) 22. I certify that (I) (this haspisal) attention (I) (wee) last saw the deceased alioned hour one) from the causes stated at	while At Not While At Work and the deceased from the control of t	21F. HOW DID INJURY OCCUR? 19 21a 19 22 and that In(my) (see) opinion death occur lew the body ofter death.	2 19 >>> red an the date				
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (noilly medical examined) 21D. TIME (Month) (Day) (Year) (Horomore) 22. I certify that (I) (this haspital) attention of the causes stated of the causes state	while At Not While At Work anded the deceased from two on the work (I) (Wallis) (dld nat) was a scale of the work	21F. HOW DID INJURY OCCUR? 19 21a 19 22 and that In(my) (see) opinion death occur lew the body ofter death.	2 19 >>> red an the date				
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examined) 21D. TIME (Month) (Day) (Year) (Horoff INJURY (APPROX.) 22. I certify that (I) (this haspisal) attention that (I) (we) last saw the deceased aliond hour and from the causes stated at 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	while At Not While At Work anded the deceased from two on the work (I) (Wallis) (dld nat) was a scale of the work	21F. HOW DID INJURY OCCUR? 19 2 ta 20 opinion death occur lew the body ofter death. 23B. DATE SIGNET 23D. ADDRESS	2 19 >>> red an the date				
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examined) 21D. TIME (Month) (Doy) (Year) (Horoff INJURY (APPROX.) 22. I certify that (I) (this haspiral) attention (I) (we) last saw the deceased aliond hour and from the causes stated at 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) Dr Seymour H Rubin BURIAL CREMATION, 124B. DATE	while At Not While At Work anded the deceased from Not Work and the Decease of the Not Work and the Not	21F. HOW DID INJURY OCCUR? 19 2 ta	19 > 2 red an the date				
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examined) 21D. TIME (Month) (Day) (Year) (Horoff INJURY (APPROX.) 22. I certify that (I) (this haspital) attention (I) (we) last saw the deceased aliond hour and from the causes stated at 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) Dr Seymour H Rubin BURIAL CREMATION, 24B. DATE	while At Not While At Work Physics (I) (Walker) (dld nat) was bove. (I) (Walker) (dld nat) was bove. (I) (Walker) (dld nat) was bove.	21F. HOW DID INJURY OCCUR? 19 27a	2 19 22 red an the date				
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examined) 21D. TIME (Month) (Doy) (Year) (Horoten Injury (APPROX.) 22. I certify that (I) (this haspital) attent (I) (we) last saw the deceased aliend hour and from the causes stated at 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) Dr Seymour H Rubin BURIAL CREMATION, REMOVAL (Specify) Burial 5/16/72	while At Not While At Work anded the deceased from Not Work and the Decease of the Not Work and the Not	21F. HOW DID INJURY OCCUR? 19 2 ta	red an the date				

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BII	T-469 72	0467	BALTIMORE CITY CERTIFICA	HEALTH DEPARTMENT	REG. NO.	72 04673
1.1	NAME OF DECEASED		1		ND HOUR OF DEATH	5 15 10
3.	PLACE IN BALTIMORE, MARYLAND, WH	/			ere deceased lived, If ins	titulion: residence before admission)
H	ULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATI	OR INSTIT	UTION, GIVE STREET	ATTRY LAND	Freder	
10	UNIVERSITY OF MAI	EVIAN	10	Thurmont	D. INSIL	YES X NO
	HOSPITAL		~	E. STREET AND NUMBER	N ST. THU	
	MALE WHITE	WIDOWED		8. DATE OF BIRTH 5 - 8 - 72	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
doi	A. USUAL OCCUPATION (Give kind of work to ne during most of working life, even it refired)	B. KIND OF	BUSINESS OR INDUSTRY	11. SIRTHPLACE (Slote or los	eign country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME NORMAN EYL	ER		14. MOTHER'S MAIDEN NA	WOOD	
15. (Ye	Was Deceased Ever in U. S. Armed Forces, no or unknown) (If yes, give war ar dates of	s? of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	NO			Norman J. Ey	der Jr. T	hurmont, Md.
	DISEASE OR CONDITION DIRECT LEADING TO DEATH		CAUSE OF DEATH	SE MECONIU	M ICEUS	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	heart failure, asthenio, etc. It means the injury or complication which caused do ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any rise to the above cause (A) si	e discose,	(8) CYS7	CONSEQUENCE OF: 1C FIBROS A CONSEQUENCE OF:	1.5	
	UNDERLYING CONDITION last.		(c)			
ATION	OTHER SIGNIFICANT CONDITIONS CONT. TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 1	TERMINAL	49 11 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		******************************	***************************************
E	19A-DATE OF OPERATION 19B CONDITION WAS PERFOR	ON FOR V	VHICH OPERATION	20A. AUTOPSY? (Yes or N	ON 208 IF YES, WERE FI	NDINOS CONSIDERED SES OF DEATH?
CAL C	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	21 B. homeic.)	e, form, lactory, street, off	or about 21 C. WHERE DID ico bidg., INJURY OCCUR?	(If In Baltimare	City, give exact lacottan)
MEDI	21D.TIME (Manth) (Day) (Year) (OF INJURY (APPROX.)		INJURY OCCURRED Not While At Wark	21F. HOW DID IN	JURY OCCUR?	
	22. I certify that (H) (this hospital) a	ttended th		May 9	19 72 to 19	ay 12 1972
	that (*) (we) lost saw the deceased and hour and fram the couses stated		(We) (did) (did not) vi		not in (my) (aur) opini	an death accurred on the date
	23A. SIGNATURE /MOUC.			ding Med.	Shoff Phys.	23 B, DATE SIGNED 5 /12 /72
	23C-PHYSICIAN'S NAME (Type) MATE	FSIC		3D. ADDRESS UNIV. 01	MARYANNO	Hosp
_	Burial CREMATION, 24B. DATE Surial 5-11-72	Blu	Me of CEMETERY of CRES			red. Co. Md.
	MAY 16 19/2		FREGISTRAR	the state of the s	Creager	Thurmont In
VS	150-REV. 1/1/68			17	7	



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO. 72	04674 CER	TIFICA	TE OF DEATH	REG. NO	72 04674
1. NAME OF DECEASED				AND HOUR OF DEATH	170
3. PLACE IN BALTIMORE, MARYLAND, W	NTAU	D	4. USUAL RESIDENCE (W)	ray 9,19	stitution: rosidence before admission)
	AL OR INSTITUTION, GIVE	-	A. STATE B. COU	INTY C	2403 DE CITY LIMITS?
			Baltimore	J. 114311	YES NO
South Balto. Gen. H	osp.		E. STREET AND NUMBER		
5. SEX 6. RACE	7		124 E. Oste		
m W	WIDOWED W DIV	ORCED	Aug. 13, 1896	9. AGE (In years lost birthday)	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			Var.	reign country)	12. CITIZEN OF WHAT COUNTRY
Guard 13. FATHER'S NAME	Glen L. Marti		Balto. Md.		U.S.A.
			14. MOTHER'S MAIDEN N		
Charles Gentry			Mary E. Wil	son	
15. Was Deceased Ever in U. S. Armed Fore			17. INFORMANT		ADDRESS
No			Mrs. Margaret	(ieslak 124	
DISEASE OR CONDITION DIR		E OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
LEADING TO DEATH		MEDIATE CAUS	(onella)	70,	1 1 111
(This does not mean the mode of heart failure, asthenia, etc. It means injury ar complication which caused	dying, e.g., Di		CONSEQUENCE OF:	1000	Show Add Cl Clare
ANTECEDENT CAUSES		blesse		o Use	under Zugeen
DISEASES OR CONDITIONS, if a class is the above cause (A) UNDERLYING CONDITION last,	nny, giving (8) sloting the (C)	E TO OR AS	A CONSEQUENCE OF:	man viii	and Specie
OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 1994. DATE OF OPERATION 1994. CONI WAS PERF	E TERMINAL 1 (A). STION FOR WHICH OPER		PLAST C	COLUMN STATE OF THE STATE OF TH	10 year
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B PLACE OF It home, farm, foctor	JURY (e.g., in ry, street, offi	or about 21 C. WHERE DID co bldg., INJURY OCCUR?	(IC In Boltimore	City, give exoct locotion)
OF INJURY (Month) (Doy) (Year)	(Hour 21 & INJURY OC	CURRED	21 F. HOW DID IN	JURY OCCUR?	
(APPROX.)	While At	Not While			
22. I certify that (I) (this-hespital)	attended the deceased	fram	en t	19 00 10 m	cey 14 19 72
that (1) (we) last saw the decease	alive on Was	420	19 22 and 1		ion death accurred on the date
and haur and from the causes state	d abave. (1) (W#) (did)	(did not) vi			
John P. Cul	reh & 2	MO Attend			23B DATE SIGNED 72
21C. PHYSICIAN'S NAME (Type)		23	D. ADDRESS		
JOHA P. URL	OCK Ja	DEGREE	1227 WASHA	NGTON 13	200
24A- BURIAL CREMATION, 24B, DATE REMOVAL (Specily)	24C. NAME of CEME	TERY of CREA	MATORY 24D.	LOCATION (City	• town, or county) (Stote)
Bunial 5-18-72		ross (en	rt.	Balto. Md.	
MAY 1 6 1972	258 NAME OF REGISTRAR	000	25C. FUNERAL DIRECTO	R	E.Fort Ave. 21230
VS 150-REV. 1/1/68					

The second read to the second and the and the

IMPORTANT FUNERAL DIRECTOR:

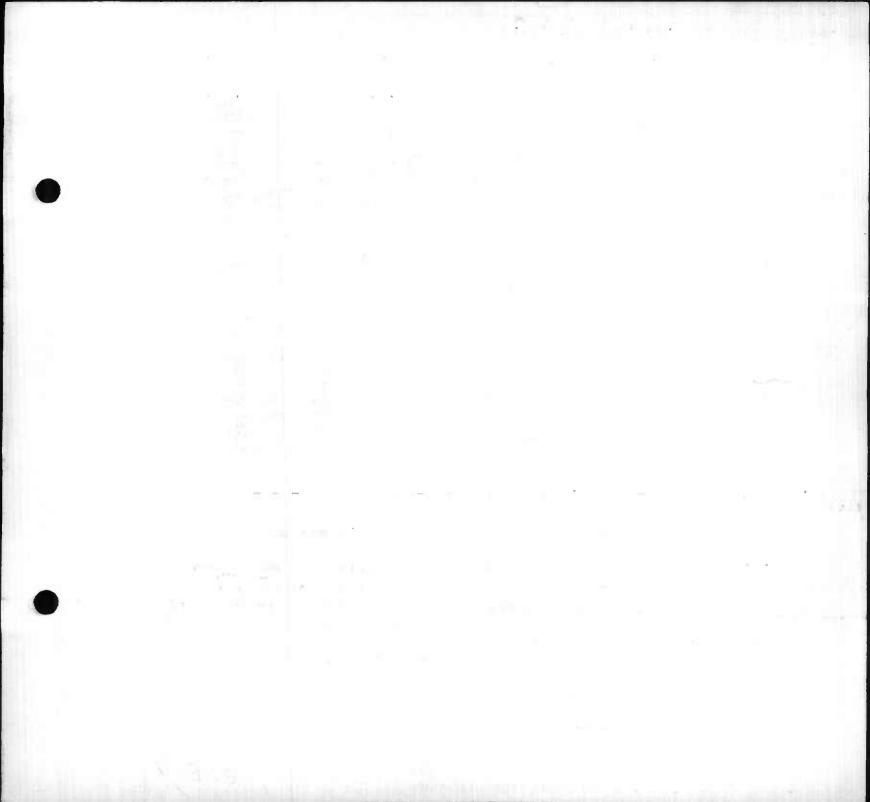
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	0 1			BALTIMORE CITY	HEALTH DEPARTMEN	T	20 040
BIR	H NO. 6	50 72	0467	5 CERTIFICA	TE OF DEATH	REG. NO	12 1195/5
1. N	AME OF DEC	CRAIN	DELE	BERT	W = 11.11	Y 15. 1972	6:20 A.
3. 1	LACE IN BAL	TIMORE MARYLAND, W			4. USUAL RESIDENCE I		institution: residence before admission)
HC	LL NAME OF	(IF NOT IN HOSPITA	AL OR INST	TTUTION, GIVE STREET	MAR YLAND	BALTIMORE	21227
6	+0	ST AGNES H	HOSPIT	TAL AVENUES	BALTIMORE E. STREET AND NUMBER	ER	YES NO XX
	1 6	BALTIMORE		YLAND 21229	1325 BIRCH	H AVENUE	5300
5. S	A LE	6. RACE CAUCASIAN	7- MARRIE	DIVORCED DIVORCED	12/13/99	9. AGE (in years last birthday)	If Under 1 %. Il Under 24 Hrs. Months Days Hours Min.
		working life, even if refired)	108 KIND	OF BUSINESS OR INDUSTRY		foreign country)	U.S.A.
13.	FATHER'S NA				14 MOTHER'S MAIDEN	NAME	
					JENNIE		
5.	Wee Deceased	Ever in U. S. Armed For	cos?	16 SOCIAL		LKENS AVENU	ES BALAPOSMO 2122
1 61	YES	(If yes, give war or date	S OT SERVICE	213-12-246			RECORDS CATON &
_	18.	2 VI		CAUSE OF DEAT			APPROXIMATE INTERVAL
	DISEA	SE OR CONDITION DI	RECTLY		0 00	1 - 1 -	BETWEEN ONSET AND DEATH
	em 1	LEADING TO DEATH		(A) IMMEDIATE CAL		AC ARRE	5/
	heart failure,	not mean the mode of asthenia, etc. It means	the diseas	ie,	A CONSEQUENCE OF:		
		application which caused		A. E	D. 15-12	= F./	20
		ANTECEDENT CAUSES		(B)	respuar	Ty / all	re
	rise to the	or conditions, if above cause (A) GCONDITION (ast.		de (c) Acule	Respirato A CONSEQUENCE OF: Brochia	Il Agoth	ne.
	-	11					
20		FICANT CONDITIONS CO					
SAT	DISEASE OR C	ONDITION GIVEN IN PAR	T 1 (A).		1204 441208224 (Voc.	Nell 200 IE Vee Week	E EINDINGS CONSIDERED
CERTIFICATIO	O DATE OF	OPERATION 19% CON WAS PER	FORMED		NO		E FINDINGS CONSIDERED AUSES OF DEATH?
CAL CI	OR CONTRIBI	NT WAS UNDERLYING DITINO CAUSE OF medical examined	- Ih	18. PLACE OF INJURY (e.g., iome, form, factory, street, o	n or obout 21 C. WHERE DI ffice bldg., INJURY OCCU	ID (If In Boltim	ore City, give exact location)
0	21D. TIME OF INJURY	(Month) (Day) (Year)	(Hous) 2	16 INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
\$	(APPROX.)			While AI While At Work	• 🗆		
	22. 1 certify	that XIX (this hospital			AY 14	19 72 to MA	Y 15 19 72
	that XI) (we)	lost sow the decease	d alive a	MAY 15			olnion death occurred on the date
	ond hour an		ted above.	(Me) (qiq) (AKAXYX)	view the bady after dec	olh.	23B, DATE SIGNED
Attending Med. Stoff V 05/15/72							
	23.C. PHYSICIA	IN'S		DEGREE Phy	23D. ADDRESS B	ALTO MD 212	~
	PHYSICIA NAME (1		4000				
24	L SURIAL COS	TARIQ MAH		M.D. DEGREE	ST AGNES HO	D. LOCATION (ON & WILKENS AVES
-7/	REMOVAL	1 11017	2 1	In a H. II A .	netery 7	2-1times	Macidand
25	A. DATE REC'D	BY HEALTH DEPT.	25B. NAM	E OF REGISTRAR	25C FUNERAL DIRE	CTOR	ADDRESS
	MAY 1	1972 Pales	E do	BALC O	In brose	Dro. 1328 Su	Iphur Sp Rd.
VS	150-REV. 1/1/	68					,

The first of the first way. The first half the first is the first state of the first stat 2/17/20 51230 2/12/22 215-18-2665 ST ASHES HOEKITA IN STRONGS CHICK S - MITKERS THE LE BUTTER IN STATE **STAMBE** 12/13/02 THICKSIAN -ALATHU MELINGE 1 3 - 13 B H 1

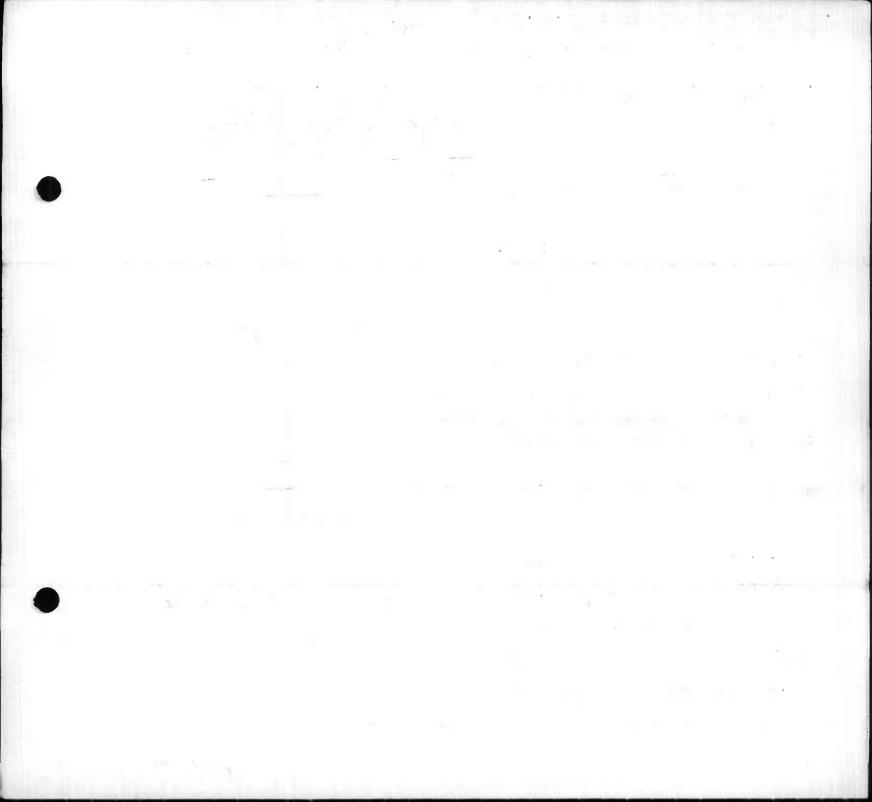
	K-320 72 04676		HEALTH DEPARTMENT	REG. NO.	2 04676
BIR	H NO.	CERTIFICA	TE OF DEATH	REG. NO.	C 01070
	AME OF DECEASED	- /		OUR OF DEATH	13 -
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	2/1	4. USUAL RESIDENCE (Where de	13, 1972	111 13 P.
30	THE PROPERTY OF THE PROPERTY O	DEAD	A. STATE B. COUNTY	ceosed lived. If institution	1 -
FU	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	, GIVE STREET	Maryland		1301
	ill dilon		C. CITY OR TOWN	D. INSIDE CIT	
5	, vai HOSPITAL of BOHIMOR	INC.	Baltimore E. STREET AND NUMBER	YES	No 🗌
-	12		3752 Hickor	ry Avenue	21211
5. 5	EX 6. RACE 7. MARRIED NI	VER MARRIED	8. DATE OF BIRTH 9. A	GE (in years If Un Mant	der 1 Yr. If Under 24 I
	M WIDOWED	DIVORCED	4-26-00	67	is Doys Hours Min
10A don	USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSII	NESS OR INDUSTRY	11. BIRTHPLACE (State or foreign c	ountry) 12. C	ITIZEN OF WHAT COUN
		e Transit	Maryland		U.S.A
13.	ATHER'S NAME		14. MOTHER'S MAIDEN NAME		
	George T. Kate	S	Gosne	11	
15. (Ye:		OCIAL ECURITY NO.	17. INFORMANT		ADDRESS
	No 21	3-10-1247	Grace E. Kates	s-3752 Hick	ory Ave. 2]
	18. 5 / 1 81	CAUSE OF DEATH			APPROXIMATE INTERVA
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		V		BETWEEN ONSET AND DE
	(This does not mean the mode of dving, e.g.,	(A) IMMEDIATE CAUS	SE POSPICATION 050	ST	12hc.
	heart failure, osthenia, etc. Il means the disease, injury at complication which caused death.)	00E 10, UK AS A	CONSEQUENCE UP: /		5-05-1
	ANTECEDENT CAUSES	4	P COPD		Serecal
	DISEASES OR CONDITIONS, il ony, giving	DUE TO, OR AS	A CONSEQUENCE OF:	*******************************	2000
	rise to the above cause (A) stating the UNDERLYING CONDITION last.	(c)			
		/-/		***************************************	***************************************
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL				
CAT	DISEASE OF CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198. CONDITION FOR WHICH		100.4		
CERTIFIC	WAS PERFORMED	OFERATION	20A. AUTOPSY? (Yes or No.) 201	B. IF YES, WERE FINDING CERTIFYING CAUSES OF	S CONSIDERED F DEATH?
- 1	21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OR CONTRIBUTING CAUSE OF home, form	E OF INJURY (e.g., in	or about 21 C. WHERE DID	(If In Baltimare City, g	rive exact lacation)
CAL	DEATH (notify medical examiner) hame, fam	, foclory, street, offi	ce bldg., INJURY OCCUR?	10 m = 9 mm =	, and the second second
ā	21D.TIME (Month) (Dayl (Yeo) (Houd 21E INJU	RY OCCURRED	21 F. HOW DID INJURY	O CCUR?	
2	(APPROX) While At Wark	Not While			
	22. I certify that (1) (this hospital) attended the dec			72 to Mc	24 13 10 72
	hat (1) (we) last sow the deceased alive an.	Mey 13	/	(my) (our) apinian de	The state of the s
	and have and from the causes stated abave. (1) (We)	(did) (did nat) vi	ew the body after deoth.		41, 110
	3A. SIGNATURE			23 B. D.	ATE SIGNED
	D. M. Coken M.D	Alten Phys.	ding Med. Staff Director Phys.	Ma Ma	4 13,1972
	NAME (Type) Cohen M.D.		D. ADDRESS	/	
		DEGREE	Sinai Hospii	tal	
24A	KEMIO A WE (30 dCIIA)	CEMETERY OF CREA			
25.		leasant C		er, Marylan	
ACı	MAY 16 1972 BETTO BE NAME OF REG	STRAR	A A Lan Doitz	Jr. 3818	Roland Ave
_	50-REV. 1/1/68		50,1	, ,	
e	44-11-10 1/ 1/ VB				

lown, or county) (Stote) Land Roland Ave.



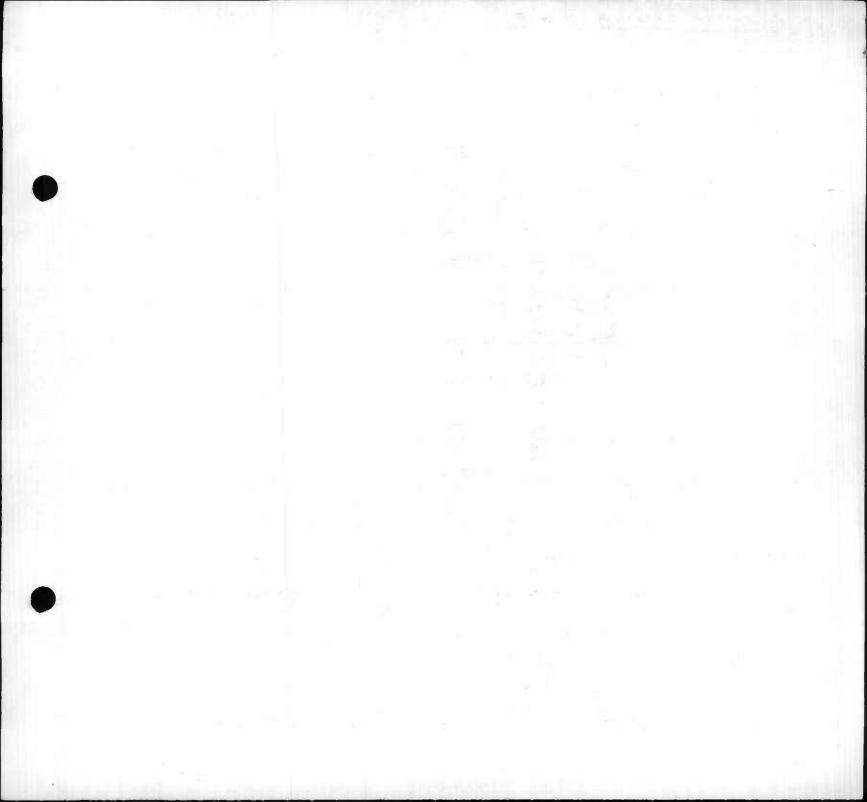
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is mode.	

5	50 72 0	A CITY	BALTIMORE CITY	HEALTH DEPARTA	MENT				
BIRTH NO.	50 120	4077	CERTIFICA	TE OF DEA	HTA	REG. NO	72	04677	4
1. NAME OF	DECEASED			2.	DATE AND	HOUR OF DEATH			
	LILLIAN JE	ANETTE	DELANO		May]	11, 1972		3:15	T) M
3. PLACE IN	BALTIMORE, MARYLAND, V	WHERE PRONC	UNCED DEAD	4. USUAL RESIDEN	ICE (Where	deceased lived. If in	stitution:	residence belore	admission)
FULL NAME		TAL OR INSTIT	TUTION, GIVE STREET	Marylan		•	imor	e Co.	741
HOSPITAL OF	ADDRESS OR LOC	ATION)	one of the orner	C. CITY OR TOWN			IDE CITY	-	111
0				21206			YES _	NO 🔯	
70	Gould Conva	lesari	Lum	E. STREET AND NE					
£ 659						irst Road			_
s. sex Female	6. RACE White	7- MARRIED WIDOWED	NEVER MARRIED DIVORCED	Dec. 19	ll c	est birthday)	If Und- Manths	Doys Hours	er 24 Hrs. Min.
10A, USUAL O	CCUPATION (Give kind of war	IOR KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Sta	ate or foreig	n country)	12. CIT	ZEN OF WHAT	COUNTRY
Cler	t of working lifs, even it ratired).	Reta	47	W4 moderat				a	
13. FATHER'S		Meta	, d ₄ , d ₅	Virgini		F	U . i	S.A.	
~? · · · ·					_	-			
	ence Sand	ers	1 6. SOCIAL	Emma.	Lowe	ery			
	sed Ever in U. S. Armed Fa	es of service)	SECURITY NO.					ADDRESS	
No			217-20-8932		ward	Marston :	3802	Ceddrhi	irst
18. DIS	EASE OR CONDITION DI	RECTLY	CAUSE OF DEATH	4				APPROXIMATE I	
(This does	LEADING TO DEATH s nat mean the mode of	Act or seen	(A)IMMEDIATE CAU	se Hyperte	nsion	arterio.	_	15 yrs.	
heart fails	re, asthenia, etc. Il means camplication which caused	the disease,	DUE TO, OR AS	otic card	:			9	
	ANTECEDENT CAUSES		Diabe	tes melli	tus			5 yrs.	
DISEASES	OR CONDITIONS, II	any, giving	DUE TO, OR AS	A CONSEQUENCE O	F:	************		7 3200	
	Iha above cause (A) ING CONDITION last.	stating the		ic brain		rome		3 yrs.	
7	- 11								
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 1984. DATE OF OPERATION 1985. CONDITION FOR WHICH OPERATION WAS PERFORMED 1985. CONDITION FOR WHICH OPERATION NO 10 CERTIFYING CAUSES OF DEATH?						********			
198. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED					(es or No)	208, IF YES, WERE IN CERTIFYING CAL	FINDINGS USES OF	CONSIDERED DEATH?	
OR CONTI	DENT WAS UNDERLYING DUBUTING CAUSE OF	218 hom etc.	PLACE OF INJURY le.g., in le, farm, foctory, street, aff	ar about 21 C. WHER	E DID CUR?	(If In Baltimar	City, giv	re exact location)	
OF INJURY	(Month) (Day) (Year)		INJURY OCCURRED	21 F. HOW	DID INJU	RY OCCUR?			
(APPROX.)		Wh	ila At Not While						
22. 1 cert	ify that (I) (this hospital			June	10	67 to May	r 11	20	72
that (I) (re) last saw the decease	d alive on	May 4.	19 72	_and that	in (my) (our) opin			
	and fram the causes sta	ed abave. (I) (We) (did) (did not) v	ew the bady after	death.				
23A. SIGNA	TURE 10		mA			975	238, DA1	E SIGNED	
0	Ediff C. Se	resto	DEGREE Phys.	Med. Directo	or Si	hoff nys.	May	12, 197	72
23C.PHYSI	CIAN'S /	0	/ / 2	3D. ADDRESS					
Lloyd E. Saylor MD 3902 Greenmount Ave. Balto., Md.									
24A. BURIAL C REMOVA	REMATION, 24B, DATE	24C. N	ME of CEMETERY OF CRE		24D. LO			or county!	(State)
Buri	Burial 5/13/72 Ebenezer Methodist Ch. Oldhams, Virginia								
2SA. DATE REC	1972 PARTY E	258 NAME C	F REGISTRAR	25C. FUNERAL D	IRECTOR			ADDRESS	
VS 150-REV. 1/		- The state of the	-7. 3	Wille CE.	Johns	on 8521]	loch	Raven	31.



This certificate must be appraved by the chief medical examiner or his assistant if death occurred in a hospital and the bady was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shaws: (1) An accident of any nature; (2) Bady burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a haspital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance an the deceased prior to death. Such written approval must be abtained befare the remains are embalmed ar final dispasition is made.

	S-362 72 04578		HEALTH DEPARTMENT TE OF DEATH	REG. NO.	72 04678
1.	RTH NO.	CERTIFICA			
	PLACE IN BALTIMORE MARYLAND, WHERE PRON	OUNCED DEAD	MMINS)	D HOUR OF DEATH	6-30 km.
HН	JLL NAME OF UF NOT IN HOSPITAL OR INST OSPITAL OR ADDRESS OR LOCATION)	TTUTION, GIVE STREET	MARYLAND CCITY OR TOWN		DE CITY LIMITS?
1	TUTHERAN HOSPITAL, B	ALTIMORE	E. STREET AND NUMBER	adway	YES 🔀 NO 🗌
5.	SEX 6. RACE 7. MARRIEI	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Ys. If Under 24 Has. Months! Doys Hours! Min.
4	emale White WIDOWE	DIVORCED I	10-22-51	lost birthdoyl	Months Doys Hours Min.
10/	LUSUAL OCCUPATION (Givs kind of work 108, KIND (ne during most of working life, even if setired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
	FOUSEWIFE OWN	Home	OHIO		U.S.A.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
15.	GEORGE CRIMMINS Was Deceased Ever in U. S. Armed Forces?	11 / 200/11		DAMS	
(Ye	s, no or unknown! (If yes, give wor or dotes of service)	SECURITY NO.	17. INFORMANT	(SISTER)	ADDRESS
-	NO NONE	CAUSE OF DEATH	MAS, REDA DAIS	SAK LAI	KEWOOD, OHIO
	DISEASE OR CONDITION DIRECTLY	CAUSE OF BEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A) IMMEDIATE CAUS	E Hapatie	COMA.	
	This does not meen the mode of dying, e.g. heart failure, osthenio, etc. 11 meens the disease	/ //	CONSEQUENCE OF:		***************************************
	injury or complication which caused death.				
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving	(B)	A CONSEQUENCE OF:		
	rise to the above cause (A) stating the UNDERLYING CONDITION last.	(c)	CONSEQUENCE OF:		
7	11				
ATIO!	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************	100000 v 00 her 20 heady 0 0000000000000000000000000000000000		
CERTIFICATION	19A-DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED		20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
CAL	DEATH (notify medical examined)	B. PLACE OF INJURY (e.g., in me, form, foclory, street, offi c.)	or obout 21 C. WHERE DID ce bldg., INJURY OCCUR?	(li in Boltimore	City, give exact location)
MEDI	(APPROXI	E INJURY OCCURRED hile At Not While ork At Work	21F. HOW DID INJU	IRY OCCUR?	
	22. I certify that (H) (this hospital) attended	the deceased from	5/11/ 72-1	9to	111 1975
	that (we) last saw the deceased alive an.	5/11	44		on death occurred an the date
	ond haur and from the couses stated obove.	(HC(We) (did) (did most) vi	ew the body ofter deoth.		
	23A. SIGNATURE	Atten	diagram at all and and a		38. DATE SIGNED
	23C. PHYSICIAN'S	DEGREE Phys.	Director L F	hys.	5/4/72
	NAME (Type) SEIN 4	MIM	D. ADDRESS LUTH	ERAN HO	SPITAL .
24A	REMOVAL (Specify) 248. DATE 24C. N	IAME of CEMETERY OF CREA	MATORY 24D. LO	CATION (City,	town, or county) (State)
R	DURIAL 5/15/72 /-	toly CROSS	CLE	VELAND ,	OHIO
25A	DATE REC'D BY HEALTH DEPT. 258, NAME	OF REGISTRAR	25C. FUNERAL DIRECTOR	EBA.	ADDRESS 2 10 18
VS	150-REV. 171/68	WAS COLOR	FREWING B	UNERAL SE	KYHEE BENSON, MD



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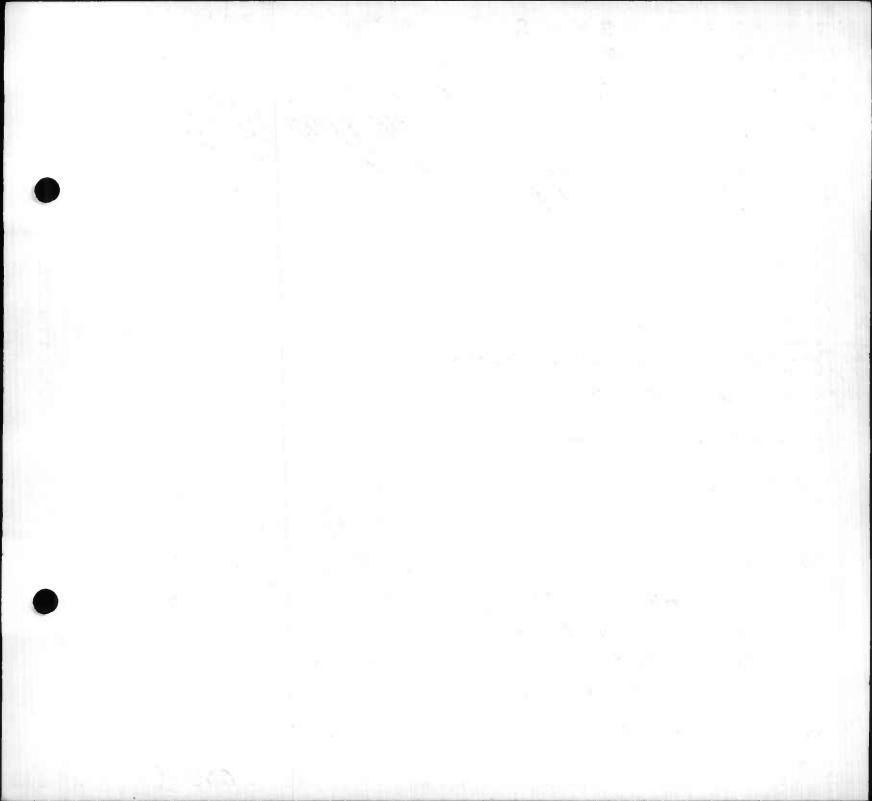
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BALTIMORE CITY	Y HEALTH DEPARTMENT				
BIRTH NO. 72 04679 BIRTH NO. 72 04679 CERTIFICA	TE OF DEATH REG. NO. 72 14679				
1. NAME OF DECEASED (Type or Print) MARY DORSEY	2. DATE AND HOUR OF DEATH 9:30 P				
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A USUAL RESIDENCE (Where deceased lived, Il institution: residence before admission) A STATE MARYLAND ANNE A UNDEL CO.				
FULL NAME OF HOSTIN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION!	C. CITY OR TOWN ANNAPOLIS PES TREET AND NUMBER				
THE JOHNS HOPKINS HOSPITAL					
3	31 CARVER ST.				
S. SEX FEMALE NEGRO NEGRO NEVER MARRIED NEVER MARRIED DIVORCED	9-23-01 9. AGE (In years If Under 1 1/2, II Under 24 Hrs. Months Doys Haurs Min.				
dane during most of working life, even if refired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
JOHN WISEMAN	GEORGANNA WHITTINGTON				
15. Was Deceased Ever in U. S. Armed Forces? [Yes, no or unknown] (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	agnes Taylor - amapoles Md.				
head failure, asthenia, etc. It means the disease, injury at complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. (C) (C)	A CONSEQUENCE OF				
■ DISEASE OR CONDITION GIVEN IN PART 1 (A).	20A AUTOPST? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
19A. DATE OF OPERATION 19R CONDITION FOR WHICH OPERATION WAS PERFORMED	YES IN CERTIFYING CAUSES OF DEATH?				
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) 21R FLACE OF INJURY 10.9.1	in or about 21C. WHERE DID (if in Ballimore City, give exact lacotion) ffice bidge INJURY OCCUR?				
21D. TIME (Month) [Day) (Year) (Hour) 21E INJURY OCCURRED OF INJURY (APPROX.) While At Not While At Work At Work	21F. HOW DID INJURY OCCUR?				
22. I certify that (1) (this hospital) attended the deceased from	mg 8 19 22 to My 8 1 19 72				
that (1) (we) last sow the deceased alive on Me, 8	19 3 72 and that in (my) (our) opinion death occurred on the date				
and hour and from the couses stated above. (1) (We) (did) (did not)					
23A. SIGNATURE Attending Med. Stoff Sto					
23C. PHYSICIAN'S NAME IType! J. H. VARNELL JR. M. DEGREE	THE JOHNS HOPKONS HOSPITAL				
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMETERY OF	apel Mc Kendre and Md. 25C. FUNERAL DIRECTOR DELLEM SEESE, TL - anna Md.				
VS 150-REV. 1/1/68					

THE RESERVE THE PROPERTY OF TH

Laft Allows on The Morett yes

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH Such Deceased death I.NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) uo hospital death. of USUAL RESIDENCE IWHEre deceased lifed if institution tosidence before admission 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD ance B. COUNTY (2) cause FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 1,13 HOSPITAL OR cause; attend 10 D. INSIDE CITY LIMITS? 0 YES X 1 mot NOF prior contributing E. STREET AND NUMBER occurred Undetermined is made. regular 5. SEX 6. RACE 9. AGE (In years 7. MARRIED NEVER MARRIED If Under 1 Yt. If Under 24 Hise eceased Hours ost birthday WIDOWED' DIVORCED 10A, USUAL OCCUPATION (Gire kind of work 10B, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired) = JG Labore T Was 13. FATHER'S NAME the direct 4 15. Wes Decessed Ever in U. S. Armed Forces?
(Yes, no or unknown) (If yes, give wor or dotes of service) death O kind; 6. SOCIAL 17. INFORMAN final SECURITY NO. attendance 10-4388 No any pronounced 18. CAUSE OF DEATH 0 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY balmed fracture of LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It means the disease, gular injury or complication which caused death.) E ANTECEDENT CAUSES who < DISEASES OR CONDITIONS, if any, giving riso to the above cause (A) stating the physician UNDERLYING CONDITION last. remains Was 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL physician DISEASE OR CONDITION GIVEN IN PART 1 (A). Body the the 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 0 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED NO 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 3 218 PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID homo, form, foctory, street, office bldg., INJURY OCCUR? where (If In Baltimore City, give exoct location) to the hospital ° MEDICAL DEATH (notify medical examined any nature; 2 21D. TIME OF INJURY obtained (Month) (Doyl (Year) (Hour 21 E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 (except While At Not While (APPROX.) and Work At Work 22. I certify that (1) Ithis hospital) attended the deceased from that (1) (we) last saw the deceased alive on and that in (my) (our) opinion death occurred on the date of hospital death) and hour and from the causes stated above (1) (We) (did) Idid not) view the body after death. he body was released must accident 23A. SIGNATUI 23 B. DATE SIGNED Attending [10 Med. Director approval Phys. 0 23C. THISTCIAN'S NAME HYPE prior 23D. ADDRESS at An D.O.A. 24A. BURIAL CREMATION, REMOVAL (Specily) shows: (1) deceased 24B. DATE written CALVERY Was 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Charles A



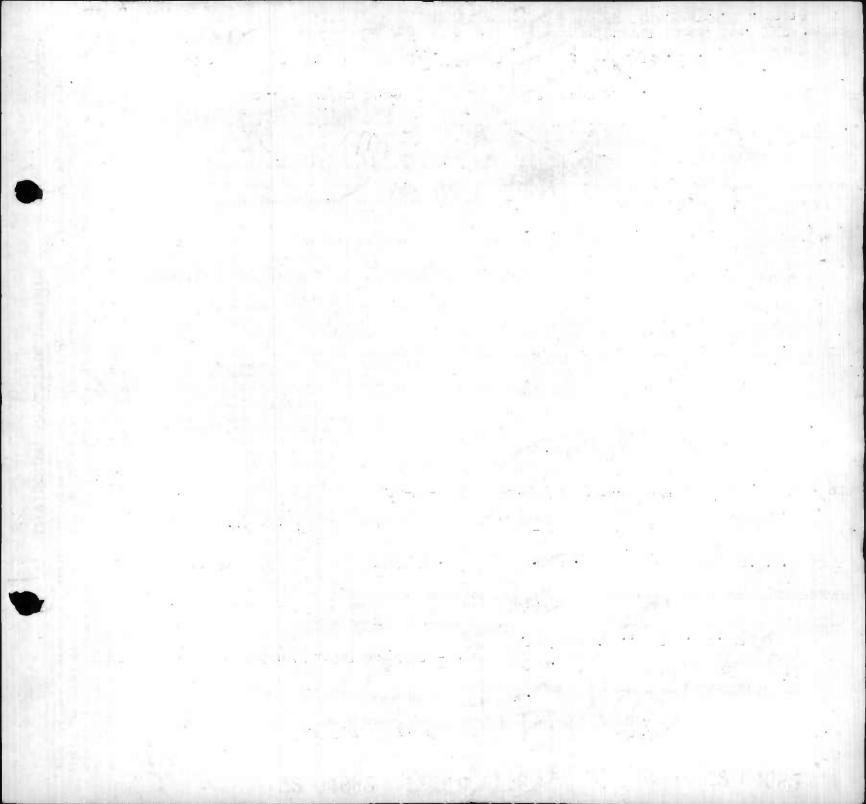
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	1000	A			BALTI	MORE CITY	HEALTH	DEPARTME	NT			170	040	5.46
	1-65. TH NO.	2	72 0	4681	CER	TIFICA	TE O	F DEA	TH	REC	G. NO	16	0468	71.
	IAME OF DEC	EASED						12. D	ATE AN	ID HOUR C	F DEATH	1		
(Ту	pe or Print)	Anala.	Charle	es To	hason				5	1/3/72			6:50	D M.
3.	PLACE IN BAL	TIMORE MA	MLAND, W	HERE PRON	OUNCED DEAD		A STATE	L RESIDENC		re deceased	lived. If	nstitution		ore admission)
HC	LL NAME OF	UF NOT	IN HOSPITA	AL OR INST	ITUTION, GIVE	STREET	, ,	DRIOWN	Sal	timor		SIDE CITY	IMITE?	00
IN	MOITUTITE	1	11	1 10			Bo	1 1 1 1 1 1	sre	e	D. 114.	YES Y		
123	3 3 on	dent	1422	20,10	429		E. STREE	6 Ca	ABER VT D	Ilton	N	Jenyi	2	
5. 5	SEX	6. RACE		7. MARRIE	NEVER M	ARRIED	& DATE	_		9. AGE (In	yeors	If Und	Days Hav	Under 24 Hrs.
	Male	Ne	900	WIDOWE	DIVID DIV	ORCED.	3-3	15-3	5	-3	7			
	USUAL OCCI				OF BUSINESS O	NDUSTRY	11. BIRTH	PLACE (State	or fore	ign country(12, CIT	ZEN OF WH	AT COUNTRY?
Con	FABO	11	au a terment	Ruh	he- Mi	lers, Inc	. 5	.4.	0	calia			n Z.	
13.	FATHER'S NA				7.0	110.010.0	4 MOT	IER'S MAID	EN NA	WE	703		, , , , ,	
	.1.	1 1.	(D)	1			_		T		11			
15	Was Decorated	shack	Amed Fan	ngle	1 6. SOCIAL		17. (NFOR	mma	5	senn	ett		ADDRESS	
(Ye	Was Deceased s, no or unknown	Uf yes, give	was or date	a of service		NO.		0	d	01 1		en	. (1	11/
	YES	1951	to 19	954	247-4	8-0316	Mrs	Mose	ta.	Clash		532	6 Cuthb	pri Hue
	18. 4 9	7.41		-	CAUSE	OF DEATH	1			Page 1				ATE INTERVAL
		SE OR CONE		RECTLY					1	,	1	,	1	
		LEADING T			CAYIM	MEDIATE CAUS	SE	cand	LUT	restma	LWIW	Avo		
	(This does a	asthenia etc	node of	the diseas	DU	E TO, OR AS A	CONSEC	UENCE OF		1				
	injury at com						2	1			-			
		ANTECEDEN	T CAUSES		4-1		rul	0 /1	eeln	reverse	1 60	erra	1	
	DISEASES C	OR CONDITI	IONS. II	any, aivin	(8) DU	E TO, OR AS	A CONSE	QUENCE OF			†			
	rise to the	e above c	ause (A)		16	Alais	0	Filris	Cal	in				
	UNDERLYING	9 CONDITIO	N last		(c)	11400	×	1000						
Z		11												
2	OTHER SIGNIF	H BUT NOTRI	MONS CO	NIKIBUTING HE TERMINA									·	
N N	DISEASE OR C		VEN IN PAR	TT (A).	WHICH OPER	ATION	120A.	LITOPSY2 (Ye	a or No	oll 208, IF Y	FS. WERE	FINDING	S CONSIDER	ED
CERTIFICATI	0	OFLICTION	WAS PER	ORMED	THIRD TEN					IN CERT	FYING C	AUSES OF	CONSIDER DEATH?	
CAL	21A. ACCIDES OR CONTRIBL DEATH (notify	NT WAS UND UTINO ☐ GAU medical exam	JSE OF	2 he	IR PLACE OF It ome, form, facto ic.)	YJURY (e.g., in ry, street, off	or about	21 C. WHERE INJURY OCC	DID	(11	in Baltime	ore City, gi	ve exact lacat	lian)
MED	21D. TIME	(Month) (D	ay) (Year)	(Hour) 21	E INJURY OC	CURRED		21F. HOW D	ID IN	IURY OCCL	JRT			
2	(APPROX.)				Vhile At	Not White								
		.1 . (1) (.1)			Vork		luci i			10				
					the deceased						0			19
	that (I) (we)	lost saw th	e decease	d alive on			19.		ond th	rat in (my)	(ont) ob	inion dec	oth accurre	d on the dote
			auses stol	red above.	(I) (Me) (q(q)	(d(d nat) vi	ew the l	ody after a	death.					
	23A. SIGNATU	JRE	• ^	d	7						,	23 B, DA	TE SIGNED	
		(0	lelia	(a)	100	Ohar	nding	Med. Director		Stoff Phys.				
	23C. PHYSICIA NAME (1	N'S	1000	11-	()	DEGREE	3D. ADDI							
	NAME	ype)												
24	A. BURIAL CRE	MATION 124	B. DATE	240	NAME of CEM	DEGREE CE	MATORY		24D 1	OCATION		City, town,	or county!	(Stote)
1	REMOVAL (Specify)			1 6		WA TORT		1.4			C. WALL	0	1.
	Buri	~1	5-20-			ing				OLUNI	n9)	VO.	Caro	11 100
25.	A. DATE REC'D		DEPT.	25B. NAMI	OF REGISTRAR	0	25C.	UNERAL DI	RECTO	R (O .	Q_{I}	1 10	ADDRE	27
F	AY 1 6 1	472 0	4.98	8.0	7.00	3-10		narle:	SH	KICE	6	o (V	· Ro	re of
A.2	150-REV. 1/1/	00					**							



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

1 -	17.C	1000	BALTIMORE CITY	HEALTH DEPARTMENT		
+-652	121	14682	CERTIFICA	TE OF DEATH	REG. NO	72 44682
BIRTH NO.	EASED				AND HOUR OF DEATH	
(Type or Print)		islav	Francik		E/12/72	Р. м.
3. PLACE IN BAL	TIMORE MARYLAND, W			4. USUAL RESIDENCE (W. A. STATE B. CO	here deceased lived. If	institution: residence before admission)
SILL NAME OF	UE NOT IN HOSPIT	AL OR INICTITUT	ON CIVE STREET		ONTI	2157
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA	TION)	ON, GIVE STREET	Md . c. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
to to						YES 🔀 NO
13 6	Union Memo	orial Hos	spital - DOA	E. STREET AND NUMBER		
77				5412 Omaha	Ave., Balto.	Md. 21206
S. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
M	W	WIDOWED	DIVORCED [11/29/96	. 76	
	UPATION (Give kind of work working lile, even if retired)	108. KIND OF B	USINESS OR INDUSTRY	11. BIRTHPLACE (Sloto or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
butche		Fas	aleogr Co	0		U.S.A.
13. FATHER'S NA		1135	skay Co.	14. MOTHER'S MAIDEN N	IAME	U.S.R.
IS Was Deceased	Frank Francik Ever in U. S. Armed Fore	os? 1	6. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unknown	(If yes, give wer or dote	s of service)	SECURITY NO.			
no		2	273-05-2543	Katherine Fr	ancik (wife)	
18. 4/	2,41		CAUSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEA	SE OR CONDITION DIR LEADING TO DEATH	ECTLY		USE arterns decho	Quality 1/2.	P.
(This does n	not mean the mode of	dying, e.g.,	(A) IMMEDIATE CAL	A CONSEQUENCE OF	1010000 103	our
heort failure,	aslhenia, elc. Il means	the disease,	DOE 10, OR AS	A CONSEQUENCE OF:	orser	
	ANTECEDENT CAUSES	deom,,				2011
			(B)	A CONSEQUENCE OF:		******************************
	OR CONDITIONS, if (a above cause (A)		00E 10, 0K A3	A CONSEQUENCE OF		The second second
UNDERLYIN	G CONDITION lost.		(c)			
-	- II-					
	FICANT CONDITIONS CO					
	ONDITION GIVEN IN PAR	T 1 (A).	IICH OPERATION	20A. AUTOPSY? (Yes or	No. 200 IS MES WEST	FINDINGS CONSIDERED
19A. DATE OF	WAS PERF		IICH OFEKATION	ZUA. AUTOPSTETIES OF	IN CERTIFYING C.	AUSES OF DEATH?
U 21A. ACCIDE	NT WAS UNDERLYING	218. PI	ACE OF INJURY (e.g.,	n or obout 21 C. WHERE DID	(If to Boltime	pre City, give exect (acotion)
OR CONTRIBL	TING CAUSE OF	home,	lorm, factory, street, o	ffice bldg., INJURY OCCUR?	(11) 11 00 11 11 11	or only give oxect to contain,
O				215		
OF INJURY	(Month) (Doy) (Year)	(Hour) 21E, II While	At Not While	21F. HOW DID I	NJURY OCCUR?	
(APPROX.)		Work	At Work			
22. I certify	that (1) (this hospital	attended the	deceased from 20	1/3	197/ 10 0	0/ 15 1971.
that (1) (we)	last saw the decease	d alive ou	pot? 13	and	that in (my) (our) ap	olnion death occurred on the date
and hour an	d from the causes stat	ed above. (1)	(We) (did) (did noi)	lew the	h.	
23A. SIGNATU		VJ	2		· ú	23B. DATE SIGNED
	X	M	Alty	Mode Mode	Staff [1/1/22,
23C. PHYSICIA	N'S	70.	DEGREE Pho	230, ADDRESS	Phys. 🗀	11/2
NAME (1	ype)	1 - 1	المراجع المساد الر			
	Dr. Sebas			5017 Harf		
REMOVAL	MATION, 248. DATE	24C. NAA	AE of CEMETERY OF CR	EMITORY 24D	LOCATION (City, town, or county) (State)
Buria	5/16/72	Во	hemian Natio	nal Cemetery	Balto. M	d.
25A. DATE REC'D		25B. NAME OF	REGISTRAR	25C-FUNERAL DIRECT	QR	ADDRESS
MAT 1	MIC WHEELE	E VILLER	M.D.	Schimunek	runer al Hom	es, Inc. 3331 Brehms
VS 150-REV. 1/1/	68.	1	-	0 3730,000	Lane, b	alto. Md. 21213



MPORTANT DIRECTOR: FUNERAL

chief medical

death

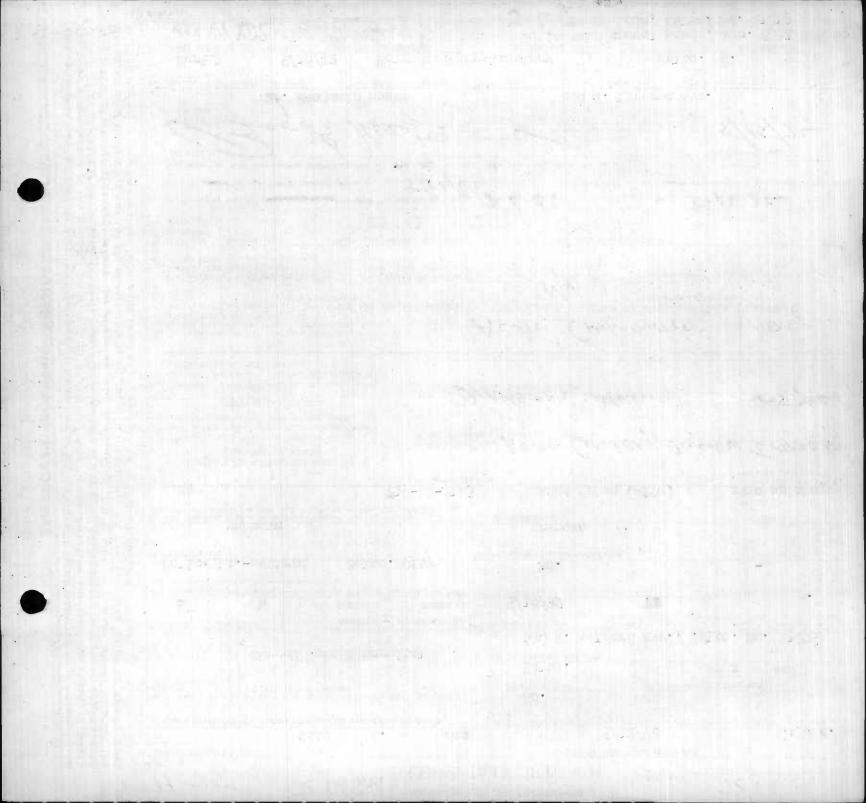
assistant

BALTIMORE CITY HEALTH DEPARTMENT 72 64683 REG NO ERTIFICATE OF DEATH of death Such Deceased BUTH NO LNAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) uo hospital 5 3 death. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) B. COUNTY attendance (2) CITY OR TOWN FULL NAME OF HOSPITAL OR INSTITUTION 9 COUSe (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION D. INSIDE CITY LIMITS cause; 0 BX Hospital 14 NO [Mamorial mov prior Union E. STREET AND NUMBER contributing 40th Wes (4) Undetermined disposition is made. regular 5. SEX If Under 1 Yr. Months: Doys 9. AGE (In years If Under 24 Hrs. 6. RAC B. DATE OF BIRTH 7. MARRIED NEVER MARRIED deceased lost birthdoy WIDOWED 30 DIVORCED W 10A, USUAL OCCUPATION Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A Maryla teacher SD M the 4. MOTHER'S MAIDEN NAME William Gillid Decours death UO 15. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL final (Yes, no or unknown) (II yes, give wor or dotes of service) SECURITY NO. Ce 214-40-440 NO Anna Lane, Queenstown. attendan any CAUSE OF DEATH APPROXIMATE INTERVAL pronounced OF BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed of LEADING TO DEATH fracture (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart lailure, asthenio, etc. Il means the disease, gular injury or complication which coused death.) ANTECEDENT CAUSES who 9 are OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if any, rise to the obove couse (A) stating the physician UNDERLYING CONDITION last. before the remains dical Was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL physician DISEASE OR CONDITION GIVEN IN PART I (A) (2) Body 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED 19 A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION the 0 IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF the 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? where (If th Boltimore City, give exact location) hospital °N DEATH (notify medical examiner) etc.) nature; MEDICA obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY (except While At Not While (APPROX.) and Work Al Work to the any 22. I certify that (1) (this haspital) attended the deceased fram....... 19 7.7... 5 -13-1972 ond that in(my) (our) apinian death occurred an the date that (1) (we) last saw the deceased alive an... be of death) hospital and have and from the causes stated above. (1) (We) (did) (did not) view the bady after death. must accident 23A, SIGNATURE 23B. DATE SIGNED Attending Med Director 0 Phys. approval Was re 0 23 C. PHYSICIAN'S 23D. ADDRESS Drior to NAME (Type 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (Stote) eceased the body D.0. written shows: Meadowrdige Memorial Cemetery Balto. Md. MOS 25B. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR ADDRESS Schimunek Funeral Homes, Inc. 3331 Brehms Lane, Balto, Md. 21213 VS 150-REV. 1/1/6B

Adm 11/8/91 Frey, address . 3208 Clift montage 1985、高度如本出人的时间增加。高度 1987、外层的 A Section of the Control of the Cont

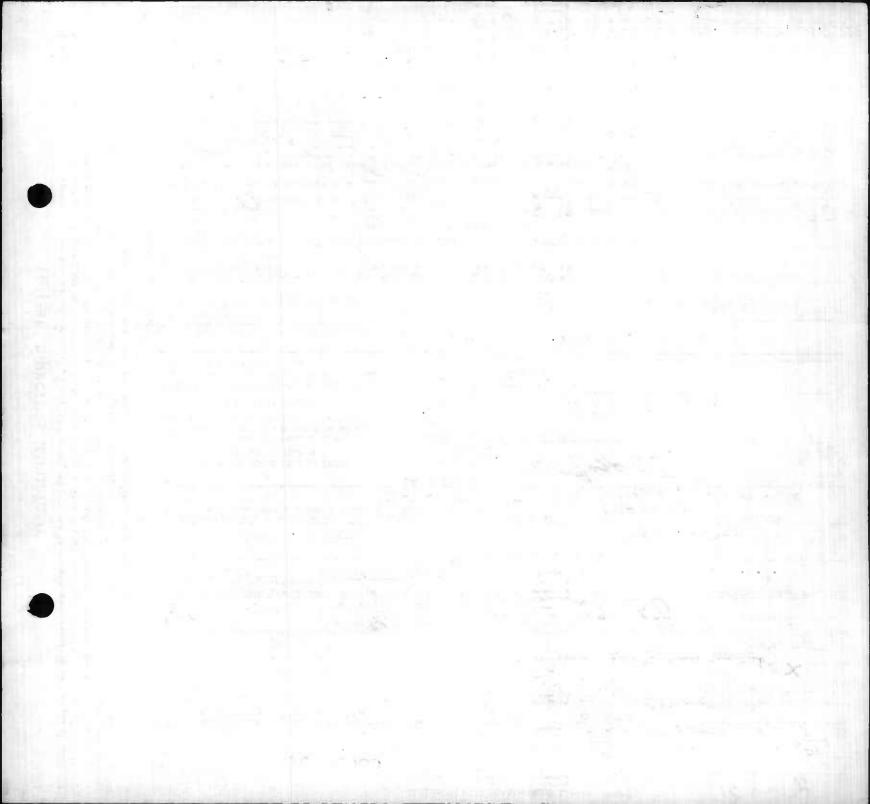
This certificate must be approved by the chief medical examiner ar his assistant if death accurred in a haspital and the bady was released to the haspital by a medical examiner. Also, if the direct ar contributing cause of death shows: (1) An accident of any nature; (2) Bady burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a haspital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance an the deceased prior to death. Such written approval must be abtained before the remains are embalmed ar final disposition is made.	
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1	1	70	0468	BALTIMORE CIT	Y HEALTH DEPARTMENT		72 04684
BIR	(-6/5) IH NO.	(Fage	0.100	CERTIFICA	TE OF DEATH	REG. NO	72 04684
	AME OF DECEA	ED			2, DATE	AND HOUR OF DEATH	н
Clyp	e or Print)	Ott	o A	Urban		5/12/72	8:30 P. M.
3. 1	PLACE IN BALTIM	ORE, MARYLAND, W	HERE PRONC	DUNCED DEAD	4. USUAL RESIDENCE (WA. STATE B. CO	here deceased lived. If UNIY	institution; residence before admission)
FU	LL NAME OF	(IF NOT IN HOSPIT	AL OR INSTI	TUTION, GIVE STREET	Md.		102
INS	TITUTION	ADDRESS OR LOCA	A IION)		C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
					Balto.		YES X NO .
	35	Church Ho	me & Ho	spital	E. STREET AND NUMBER		
					606 N. Bel	nord Ave., I	Balto. Md. 21205
5. 5	EX 6.	RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr., If Under 24 Hrs. Months! Doys Hours; Min.
	M	W	WIDOWED	DIVORCED	5/18/99	72	
			108, KIND C	F BUSINESS OR INDUSTR	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
don	e during most of wor	(ing life, even if retired)					
	Police Lt	-retired	Balt	o. City	Md.		-
13.	FATHER'S NAME				14. MOTHER'S MAIDEN N	IAME	
	22	nlenorm			unknown		
15.	Wos Deceosed Ev	nknown er in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Yes	, no or unknown) (If	yes, give wor or dote	es of service)	SECURITY NO.			
	no	-		218-44-9143	Anna Urb	an (wife)	same as above
	18. 2	771		CAUSE OF DEA	TH		APPROXIMATE INTERVAL
		OR CONDITION DI	RECTLY				
		ADING TO DEATH		(A)IMMEDIATE CA	USE ACUTE CAN A CONSEQUENCE OF:	ONARY ACC	LUSIAN I MMEDIATE
		meon the mode of henio, etc. It meons		DUE TO, OR AS	A CONSEQUENCE OF:		The state of the s
		colion which coused		·			
	AN	TECEDENT CAUSES		7	105-55	MECLITUS	16-5 YEARS
	DISEASES OF	CONDITIONS, if	ony giving	(B) DUF TO OR A	S A CONSEQUENCE OF	JECLITOS	Topens
		obove couse (A)			The second secon		
	UNDERLYING C	CONDITION last.		(c)			
		II		Telegraphy and the second	1		
O		NT CONDITIONS CO			ACUTE CH	ALECVATIT	170
ATI		LUT NOT RELATED TO T DITION GIVEN IN PAR			TCOTE CIT	JCC CY17///	249
5		PERATION 198. CON	DITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or	No. 208. IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?
CERTIFIC		WAS FER	PORMIED		No	IN CERIFING C	AUSES OF DEATH:
Ü	21 A. ACCIDENT	WAS UNDERLYING	21	B. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID	(If In Baltim	ore City, give exoct location)
A P	OR CONTRIBUTAL DEATH (notify me		ho		office bldg., INJURY OCCUR?		
2	21D. TIME (A	A	(14)	Canalian o Collinal 3	215 HOW DID	NITTING COLUMN	
MEDI	OF INJURY	Nonth) (Doy) (Year)		E. INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR!	
<	(APPROX.)			hile At Not Wh			
	22. I certify the	at (1) (this bossies	1) attended	the deceased fram	7-6-60	19to	5-12-72-19
	that (I) (me) to	st saw the decease	ed office on,	57/462	and ond	that In (my) (aur)7a	pinion death accurred on the date
	and haur and fi	am the causes sta	ted abave.	(I) (# (dtd) (did nat)	view the bady after deat	h.	
	23A. SIGNATURE		61				23B, DATE SIGNED
	//-	511	5 11	AM Ph	ending Med. Director	Staff Phys.	5/15/72
	23C. PHYSICIAN	my,	1. 101	DEGREE	23D. ADDRESS	,	2/13/1
	NAME (Type		2 3/		110 %		
2			jamin M	UEGREE		. Luzerne Av	
244	REMOVAL (Spe-		24C. N	NAME of CEMETERY of CI	REMATORY 24D	. LOCATION (City, town, or county) (Stote)
	Burial	5/76/	70	Hall Dadsomer	Cometery	Baito	o. Md.
1.1	D UL -L CX1		16	TOLA VEGEGEREL			
25A	. DATE REC'D BY	HEALTH DEPT.	25B. NAME	Holy Redeemer	25C. FUNERAL DIRECT	OR	ADDRESS
25A		HEALTH DEPT.	25B. NAME	OF REGISTRAR	25C. FUNERAL DIRECT	OR	
		HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL DIRECT	OR	ADDRESS



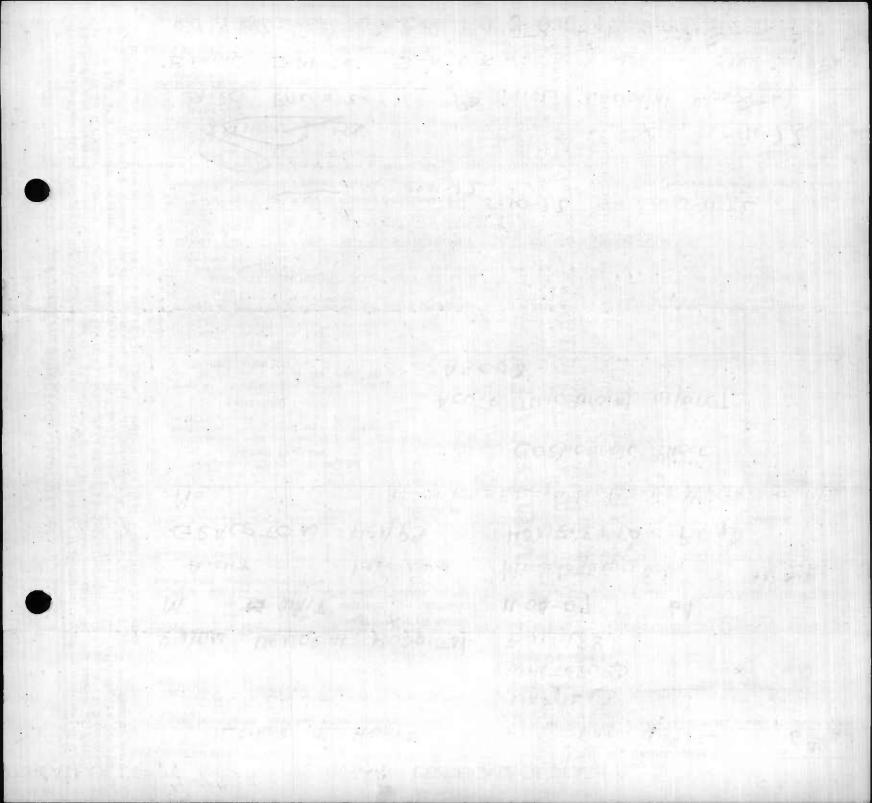
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	ded	+ 0	Sun	SD	0	ositi
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IAN	stan	P et	ind;	leat	0 0	ale
ORI	assi	# #	ny k	P	Jane	r fir
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=	r or	A.	ure	oug	r at	m m
OR	ine	ner	racti	pr	ula	mp
CT	Xan	mp	Af	who	100	10
FUNERAL DIRECTOR: IMPORTANT	al e	K 0	3	UD	===	ns d
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ERA	m je	E	y bu	phy	ign	9 LG
N	chie	7 0	Bod	the	ysic	10
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	I by	spit	Ure	W	S	ed b
	OVec	e ho	nal	cepi	Pu	ain
	ppr	o th	any	*		qo e
	be d	of pe	11 0	ital	ath)	st b
	ust	903	ider	hosp	op c	E
	He H	s rel	220	0	or to	pval
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in	the body was released to the hospital by a medical examiner. Also, if the direct or contributing	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cau	was D.C.A. at a hospital (except where the physician who pronounced death was in regular atte	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior	written approval must be obtained before the remains are embalmed or final disposition is made. 🔝
	erti	ody	S: (1	0.0	pesc	en a
	his c	he b	how	SDA	900	rritt
	-	-	47	3	70	3

1 10			BALTIMORE CITY	HEALTH DEPARTMENT		12 0	1000
BIRTH NO.	0	04685	CERTIFICA	TE OF DEATH	REG. NO		
I. NAME OF DE	CEASED Wallac	e A. De Vau	MAMA	2. DATE A	HOUR OF DEATH	2	155
3. PLACE IN BA	timore City	WHERE PRONOUNC	ED DEAD	A USUAL RESIDENCE INTE	e deceased lived. II	institutions residence	e before admission)
FULL NAME OF		TAL OR INSTITUTION		Maryland	Baltimo	re	573 00
HOSPITAL OR	ADDRESS OR LOC	ATION		C. CITY OR TOWN Dund	alky / D. IN	SIDE CITY LIMITS?	
ANI.	1.01/0	7036		E. STREET AND NUMBER	135 Ventno	r Terrace	иож
BAL	Tilled	//		135V	TVIOR	SHA	nez
S. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	II Under 1 Ya	If Under 24 Hrs.
Male	Caucasian	WIDOWED	DIVORCED [4/26/22	50		
one during most o	CUPATION (Give kind of wo I working life, even if refired)			THE SIRTHPLACE (State or fore	ign country! /		FWHAT COUNTRY?
	working life, even it refired	American	Standard Plumbing	Maryland		U.S.	A.
3. FATHER'S NA	S117		Tambing	14 MOTHER'S MAIDEN NA	ME		
	John L. D				Ruth E.		
	d Ever in U.S. Armed Fr m) (If yes, give war or da		SOCIAL SECURITY NO.	17. INFORMANT	104 0 Easter	n Avenue	RESS
Yes	II WW	21	4-14-3805		Baltimore,	Maryland :	21224
18. 4	31.01		CAUSE OF DEAT	H-ONAL	20-01		OXIMATE INTERVAL
DISEA	LEADING TO DEATH	IRECTLY	111	50/1/1	7601	5	7m/1/
IThis does			(A) IMMEDIATE CA		*		11/1/1
heart failure	not mean the mode of asthenia, etc. It mean	s the disease,	DUE TO, OR AS	A CONSEQUENCE OF:	, 0	he A	~ 1
Injury or co	mplication which cause	d death)	1 87	ton an	Mial B	feed //	1/
	ANTECEDENT CAUSE	S	(8)	1714/11	VIAV PIL	CHIC	19
	OR CONDITIONS, If		DUE TO, OR AS	A CONSEQUENCE OF		7	/_
	he above cause (A) IG CONDITION last.	stating the	10 77/	BI		/	135
-	11			B			
OTHER SIGN	IFICANT CONDITIONS CO	ONTRIBUTING	17400	rosmolar	com	a	
OTHER SIGN TO THE DEA DISEASE OR 19A. DATE OF	ATH BUT NOT RELATED TO CONDITION GIVEN IN PARTY OF CREATION 119% CO	RT 1 (A).	CH CARATION	120A Attenders/Ves es N	1 200 IB VCC WCC	S SINDINGS CON	CIDERED.
TO THE C		RPORMED	CH OPERATION	NO NO	IN CERTIFYING C	AUSES OF DEATH	17
. OR CONTEN	ENT WAS UNDERLYING BUTING CAUSE OF	21 B. PL/ home, f	CE OF INJURY le.g., orm, factory, street, o	flice bidg. INJURY OCCUR?	(II In Boltim	ore City, give exect	l location)
DEATH (noti	(Month) (Doy) (Year		IURY OCCURRED	21F. HOW DID IN	MAX OCCUR		
OF INJURY		White /	Not Whi	le [T]			
	y that (1) this hospit	Work	At Work	5/7/7	30	5/17	-72
	y inactivations nospite b) last saw the deceas		D//Z-/	1972 and th	14	dest dest	IY
			Walley Wall	view the bady after death.	in (my) (dur) as	oinian asam acc	orred an the date
23A. SIGNA		area abave. (1) (1	(ala) (ala not)	view the bady after death.		238, DATE SIGN	OBN CORN
910	MAUC	Them	DEGREE Phy	ending Med.	Stoff Phys.	5/1	12/11
PHYSICI NAME	Michael	Finn M.D.			Castern Ave		
4A. BURIAL CR	EMATION, 248 DATE	24C. NAM	DEGREE	EMATORY 24D. L	OCATION Maryl	City, town, or coun	nty) (State)
Burial		72 St.	Stanislaus	the state of the s	Baltimore, 1		
	D BY HEALTH DEPT.	25% NAME OF	EGISTRAR	25C. FUNERAL DIRECTO		A	DDRESS
MAY 17	1972 Palle & 8	gailey M	5000	John, J. Duda	7922 Wise	Ave. Dunda	lk, Md.212
/S 150-REV. 1/1	1/68				i Ai		
				AT A THE PARTY OF			



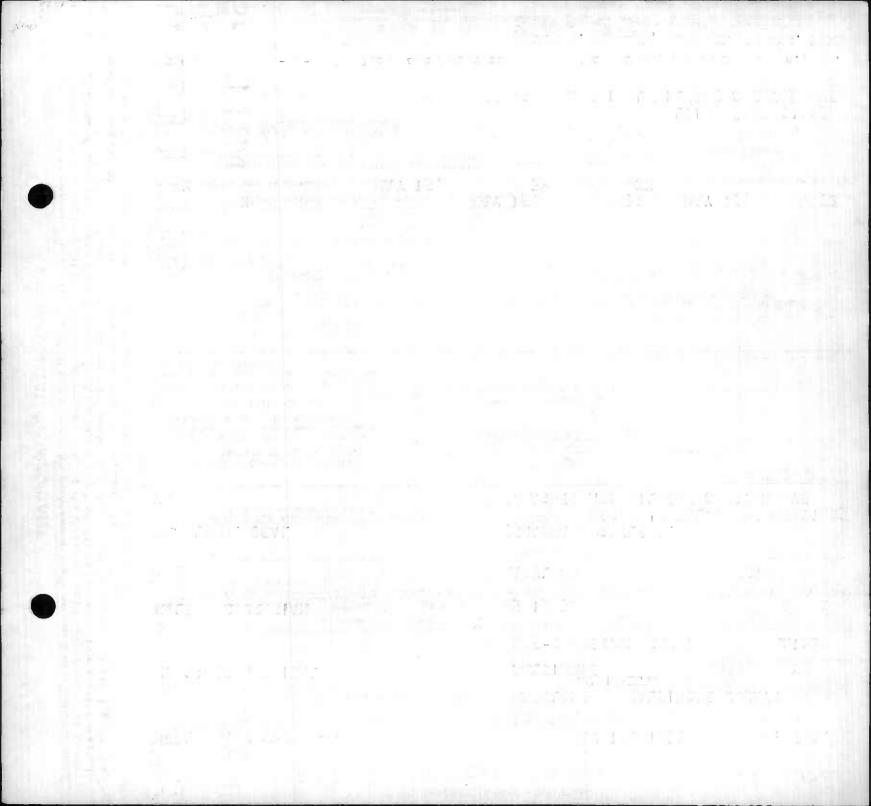
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

1/ .00	BALTIMORE CITY	HEALTH DEPARTMENT	72 0.588
BURTH NO. 72 046	SE CERTIFICA	TE OF DEATH REG. N	0
1. NAME OF DECEASED		2. DATE AND HOUR OF D	EATH AO
(Type or Print) Luther E- H	CAPS	UA1 11.15	72 1 6 AM.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR		4. USUAL RESIDENCE (Where deceased live	d. Il institution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR II HOSPITAL OR ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	C. CITY OR TOWN	D. INSIDE CITY LIMITS?
44		WHITEFORD, E. STREET AND NUMBER	YES NO
UNION LEWORIAL		B. DATE OF BIRTH 9. AGE (In year	s If Under 1 Yr. , If Under 24 Hrs.
M S White woo	RIED NEVER MARRIED DIVORCED DIVORCED	11-04-07 lost birthdoy 6	4 Months Days Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country)	12, CITIZEN OF WHAT COUNTRY?
	YSURANCE	MILL GREEN, M'D	, V.S.A.
GD C C TO AL LI	2000	HOUD'S TTO	Rown
IS Was Deceased Ever in II S Armed Forces?	EAPS 16. SOCIAL	HENRIETTA	ADDRESS
(Yes, no prunknown) (If yes, give wor or dotes of serv	SECURITY NO.	- A A A A A A A A A A A A A A A A A A A	
110	183-01-1343	EVELYN K, HEAPS,	WHITEFURD, MD.
18.4/	CAUSE OF DEAT		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY			
LEADING TO DEATH	(A)IMMEDIATE CAL	USE CARDIOGRAIC Sh	OCK
(This does not mean the mode of dying, heart foilure, asthenia, etc. If means the dis	DUE TO, OR AS	A CONSEQUENCE OF:	
injury or complication which coused death.)			
ANTECEDENT CAUSES	m ACUT	A CONSEQUENCE OF	arcT
DISEASES OR CONDITIONS, if ony, g	iving DUE TO, OR AS	A CONSEQUENCE OF:	
rise to the obove couse (A) stoting	the ASC	100	Carte of the state
UNDERLYING CONDITION lost.	(c)1.1.2		
OTHER SIGNIFICANT CONDITIONS CONTRIBUT			
DISEASE OR CONDITION GIVEN IN PART 1 (A).	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 208. IF YES,	WERE FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	OK WINCH OFERATION	NO IN CERTIFYIN	G CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	218. PLACE OF INJURY (e.g., home, tarm, foctory, street, o	n or obout 21C. WHERE DID (If In E	oltimore City, give exact location)
OF INJURY (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
E OF INJURY (APPROX.)	While At Work At Work	• 🗆	
20 1 10 10 10 10 10 10 10 10 10 10 10 10	Work AT Work		J-11-12 19
22. I certify that (1) (this hospital) attend	- 11-17		
that (1) (we) lost sow the deceased alive	on 2-11-12	19ond that In (my) (or	r) opinion deoth occurred on the dote
and hour and from the couses stated about	ve. (1) (We) (did) (did not)	riew the body ofter death.	
23A. SIGNATURE			23B. DATE SIGNED
an Callinas	OEGREE Phy	nding Med. Staff Phys. Phys.	7-11-7
23C. PHYSICIAN 5	OEGKEE	23D. ADDRESS	
NAME (Type) PANIREZ	PO	lainnan Itsing	Var DITAL
911.50	DEGREE	EMATORY PAD LOCATION	(City, town, or county) (State)
REMOVAL (Specify)		7	11 7 7
BURIAL 5-14-72	SLATE R	DELTE DELTE	YORK CO. PA.
1 0000	ME OF REGISTRAR	2SC. FUNERAL DIRECTOR	ADDRESS
WAY 1 7 1972 134 8 12 VS 150-8EV. 17/68	AND DO	ANDRINGH! HARKIN	5, DELTA, PA.



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	1-400	0014	HEALTH DEPARTMENT	· 72 04687 ·
	KIH NO. /2-0//90	CERTIFICA	TE OF DEATH	12 03001
	NAME OF DECEASED BOY DEAL			
3.	PLACE IN BALTIMORE, MARYLAND, WHE	RE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived	
H	OLL NAME OF OFFITAL OR ADDRESS OR LOCATION STATUTION STAGNES HOSPITAL	OR INSTITUTION, GIVE STREET ON)	MARYLAND BALTIN	. INSIDE CITY LIMITS?
	ANALOR DISCLASSED ANALOR OF DECLASSED ANALOR OF DECLASSED ANALOR OF DECLASSED ANALOR OF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ASSISTANCE OR FROM THE STRAND OR HOSPITAL OR INSTITUTION, GIVE STREET A DIRECT OR FOR THE MOSPITAL OR INSTITUTION, GIVE STREET A DIRECT OR FOR THE MOSPITAL OR INSTITUTION, GIVE STREET A STATE MARY JAND CHY OR TOWN, ATONSVILLE O. INSDIC CITY LIMITS? YES OR INDUSTRY COLITY OR TOWN, ATONSVILLE O. INSDIC CITY LIMITS? YES OR NO. XX E. STREET AND NUMBER 205 - C PRESTON COURT 21228 ALE CAUCASIAN WIDOWED DIVORCED OF 15 72 USUAL OCCUPATION Gives bine of weekly log, Kind Of Business OR INDUSTRY II. BIRTHFLACE (Stode or Inoriga country) MARY JAND USA ATHER'S NAME ONALD W. DEAL (CHAPMAN) GAYLE A. ATHORISM OF WHAY COUNTRY (CHAPMAN) GAYLE A. (CHAPMAN) GAY			
1	MALE CAUCASIAN W	VIDOWED DIVORCED	05 15 72 lost binhdoys	Months: Doys Hours Min.
do	USUAL OCCUPATION (Give kind of workings to during most of working life, even if refired) hild	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or lereign country)	12. CITIZEN OF WHAT COUNTRY
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	RONALD W. DEAL		(CHAPMAN) GAYLE A	
15.	Was Deceased Ever in U. S. Armed Forces?			BALTIMORNO 21229
	10	SECURIT NO.		
	18.770./1	CAUSE OF DEATH		
	LEADING TO DEATH	(ANIMMEDIATE CALL	1 3 2 10	
	ANTECEDENT CAUSES DISEASES OR CONDITIONS. If any.	oth.) (B) DUE TO, OR AS	otis Placenta	
ATION	ITO THE DEATH BUT NOT RELATED TO THE TO	ERMINAL		
ERTIFICATION	19A-DATE OF OPERATION 19R CONDITION	ON FOR WHICH OPERATION		VERE FINDINGS CONSIDERED CAUSES OF DEATH?
CAL C	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, off etc.)	n or about 21C. WHERE DID (If in Bellice bldg., INJURY OCCUR?	filmore City, give exact location)
MEDI	21D-TIME (Month) (Doy) (Yearl (H OF INJURY (APPROX.)	While At Not While		
	22. I certify that (1) (this hospital) at	tended the deceased from MA	Y 15, 19 72 to	MAY 15. 19 72
	that (() (we) last saw the deceased of			
	and have and from the causes stated	abave. () (We) (did) (d)(d)(h)(t)(vi	lew the bady after death.	
	23A. SIGNATURE			23B, DATE SIGNED
	frae boy a		Med. Staff Phys.	5/15/72
	23 C. PHYSICIAN'S NAME (Typel		3D. ADDRESS BAL	TIMORE MD 21229
244	Lilia Lide I		ST AGNES HOSPITAL WIL	KENS & CATON AVE
	REMOVAL (Specify)	24C. NAME of CEMETERY or CRE	MATORY 24D. LOCATION	(City, town, or county) (State)
	urial 5-17-1972		ery GlenBurnie, A	nne Arundel Co., Md.
	MAY 17 1872 Call	MAME OF REGISTRAR	25 HOWATER HIT CHUBBARD, 41	07 WILKENS AVE. 21229
VS	150-REV. 1/1/68			



VS 150-REV. 1/1/68

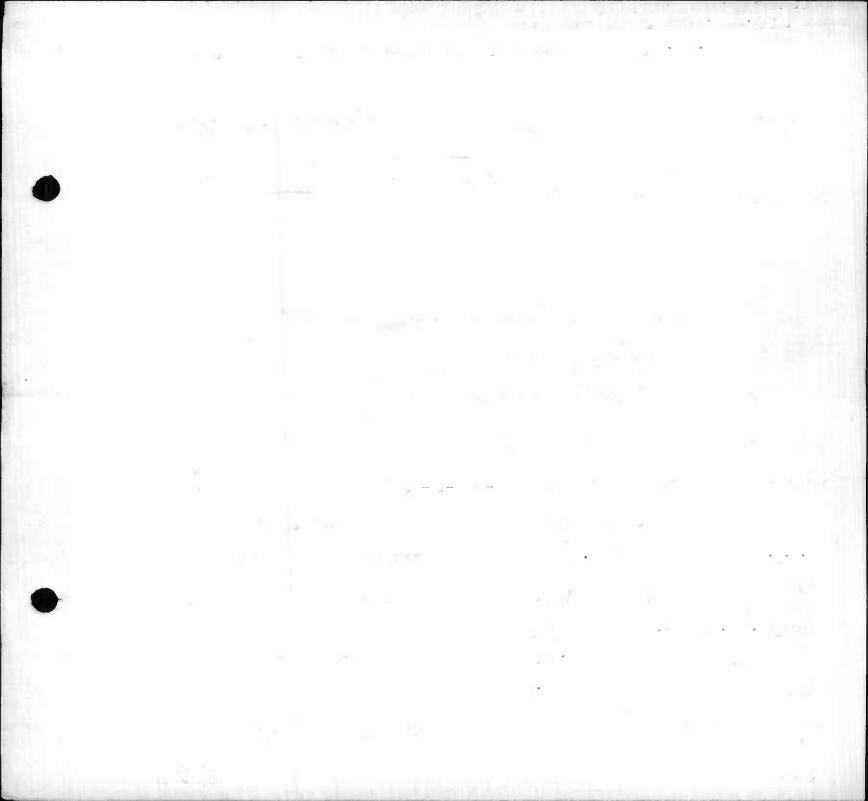
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DECEASED			

BALTIMORE CITY HEALTH DEPARTMENT

1			
1	REG.	NO.	

NO.	72	64	688

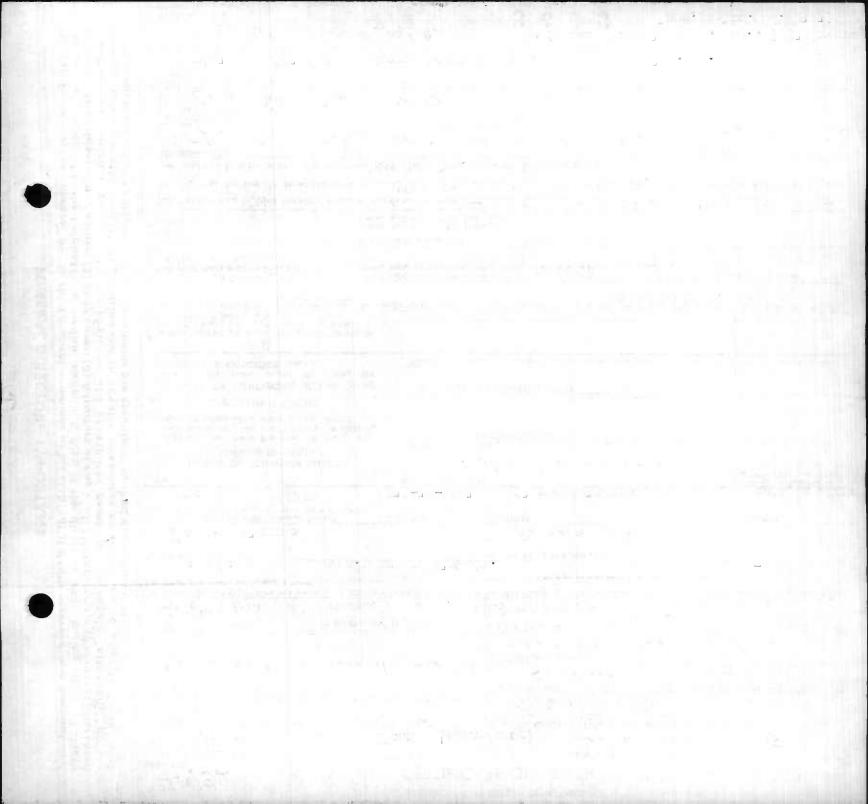
I. NAME OF DE	CEASED		40		2. DATE	AND HOUR OF DE	ATH ,	0 L/1	
Type or Print)	OTILLI	E M.	PRIMUS			5/1.	2/22	1 70	
3. PLACE IN BA	ALTIMORE MARYLAND, W	HERE PRONOU	INCED DEAD	4. USUAL RESIL	DENCE (W)	hero deceosed lived.	H institutions	residenco beloro admissi	
EULL NAME O				A. SIMIE	B. COU	MARIE	7	5217	
FULL NAME O HOSPITAL OR NSTITUTION	F (IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITU ATION)	THON, GIVE STREET	Md.	VAL	PALIC	INICIDE CITY	1111770	
MaillolloM				1 (2)		D.	INSIDE CITY		
90	Gould Con	nvalescer	nt Home	E. STREET AND	NUMBER		YES 5	⊻ ио∐	
10				1)		vood Rd., E	1 of [es	Md or oal.	
SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRT					
F	Tal	WIDOWED		7/20/	0.0	9. AGE (In years lost birthday)	Months	der 1 Yr. II Under 24 H s Doys Hours Min.	
OA. USUAL OC	CUPATION (Give kind of work			5/19/0	(Stole or fo	81	12.00	TIZEN OF WHAT COUNT	
one during most o	of working life, even if retired)				,0.0.0	g occumy.	12.0	TEN OF WHA! COOK	
hou 3. FATHER'S N	sewife	at	home		Md.			U.S.A.	
MINIEK S NA	AINE			14. MOTHER'S	MAIDEN NA	AME			
	Otto Hilshe			M	ary Du	choslav			
5. Was Decease	nd Ever in U. S. Armed For	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT	, a U	The Distriction of the Parket		ADDRESS	
no	1		27 2-07-6605	n Ant	on Dari	mus ()			
18. 2 9	9 1		CAUSE OF DEATH		on Pri	mus (son)	S	ame as above	
	SE OR COMPLETION ST	arcel v		h		-		BETWEEN ONSET AND DEA	
DISEA	SE OR CONDITION DI	RECTLY		D -	11	. / 1		1	
	LEADING TO DEATH		(A)IMMEDIATE CAU	SE broshen	1 Van	cular Colle	rease	horre	
(This does	This does not mean the mode of dying, e.g.,								
heort foilure, osthenia, etc. It means the disease, injury or complication which coused death.)									
mory or co			n		0				
ANTECEDENT CAUSES							1		
DISEASES	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF:								
rise lo 1	he obave couse (A)	sloling the	P	-11.	1711		Λ -		
UNDERLYIN	IG CONDITION lost.		(C) Column	(Gram -	1) cu	may least	afection	dayen	
_	11		n .		_				
OTHER SIGN	FICANT CONDITIONS CO		Verhami's	Diagna	6	1. R.F.	1-1		
DISEASE OR	ATH BUT NOT RELATED TO THE CONDITION GIVEN IN PAR	T 1 (A).	**************************************	10 17 10 10	- Survey	Tel collinse	hum	years	
19A. DATE O	F OPERATION 198. CON	DITION FOR W	HICH OPERATION	20 A. AUTOPS	77 (Yes or N	10) 208, IF YES, WI	ERE FINDING	S CONSIDERED	
OTHER SIGN TO THE DEA DISEASE OR 19A. DATE O				1		IN CERTIFYING	CAUSES OF	DEATH?	
OR CONTRIB	ENT WAS UNDERLYING	218,1	PLACE OF INJURY (e.g., in	or obout 21 C. WI	HERE DID	(If In Bolt	imore City, gl	Ive exoct location)	
DEATH (notil	y medicol exomined	etc.)	, form, foctory, street, of	ice bidg., INJURY	OCCUR?				
	(Month) (Doy) (Yeor)	(Hour) 21E	INTURY OCCUPATO	215 015	NA				
OF INJURY	THOUSE TOOM TEOM		INJURY OCCURRED		W DID IN	JURY OCCUR?			
(APPROX)		While	Not While		1	/		1 1	
22, 1 certif	y that (1) (this hospital) attended the	deceased from	2	1241	10 72 4	51	42/ 1072	
that (1) (we) last saw the decease	d allve	-//	1072		17 dimensi 10		.19	
1.101 (1) (100	, at sum the deceose	d office ou		L	ond t	hot in (my) (pw)	apinion dec	oth occurred on the de	
	nd from the couses stat	ed obove. (1)	(We) (did) (did not) vi	ew the body of	ter deoth.				
23A. SIGNAT	UKE 4		IVI	. /			23 B, DA	TE SIGNED	
1 della	and B B.	16.	BL	ding A	ed.	Staff Phys.	5	1/12/12	
23C. PHYSICI	ANS		DEGREE	3D. ADDRESS				110/10	
NAME (typel	0							
A SILBIAL CO	EMATION INC.	-	OEGREE						
REMOVAL	EMATION, 24B. DATE	24C. NA	ME of CEMETERY of CRE	MATORY	24D.	LOCATION	(City, town,	or countyl (State)	
Buria	5/15/	72 Boh	emian Nationa	1 Cemeter	v()-	Balto. 1	5.V		
	BY HEALTH DEPT.	25B. NAME OF		25C. FUNERAL			zu.	ADDRESS	
								C) 25 25 11 12 13 13 13 13 13 13 13 13 13 13 13 13 13	



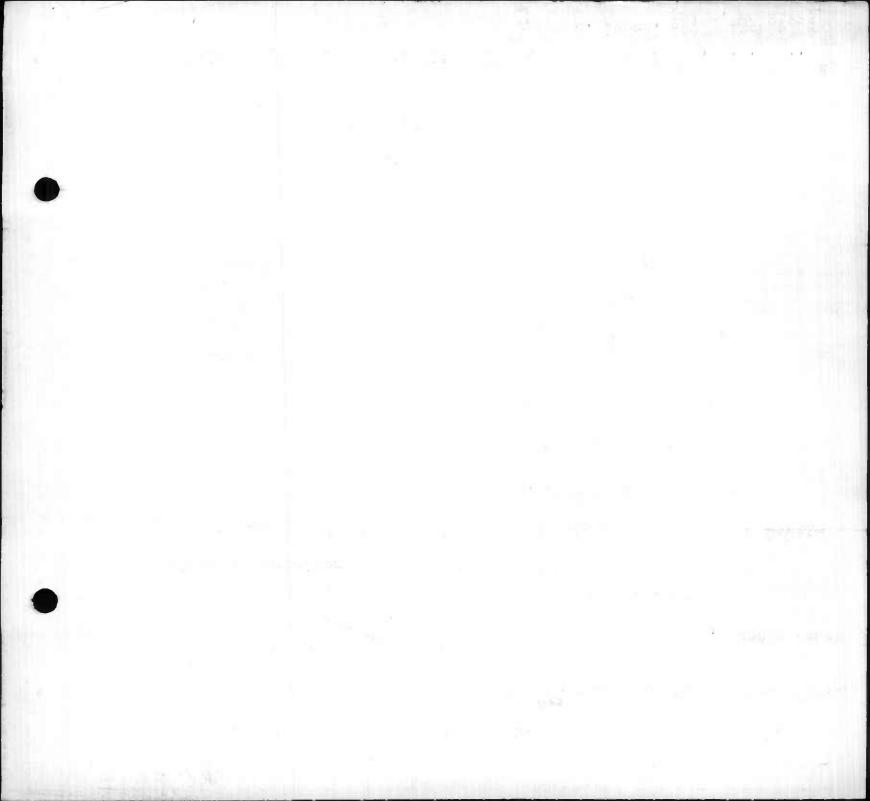
BIR	J-523	5 (MEDICAL	EXAMINER'S			DEAT	H REG. NO.	121	4559	
1. 1	NAME OF DEC		n Jenkins		2. DATE OF	Knawn Estimated	Month 5	Day 11	Yeor 72	Hour	
1	PLACE IN BAL			RONOUNCED DEAD	JEATH 3. DATE		Month	Doy	Year	Haur	М.
FUL	L NAME OF	(IF NOT		STITUTION, GIVE STREET	PRONOUN	ICED DEAD	5	11	72	1:20	P . M
OR	INSTITUTION	1140	Newcomb W	ay	A. STATE	IDENCE (Wher	e deceosed li	B. COUNTY	: residence b	lo 3	ion)
6.	SEX	7. RACE	B. MARI	RIED NEVER MARRIED	C. CITY OR TO	OWN		D. INSIDE CI	TY LIMITS?		-
n	ale	White		ated DIVORCED	Balto			YE	s 🗷 ı	NO 🗆	
9. [DATE OF BIRTH	1	10. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs Manths Doys Hours Min.			h Man				
11	BIRTHPLACE (S	tate or farein	n country)	12. CITIZEN OF	13. FATHER'S	Newcom	b way				
			,,	WHAT COUNTRY?							
144	Md.	PATION/Give	kind at world 48 VINI	D OF BUSINESS OR INDUSTR		lliam Je					
don	e during most of w	arking life, ev	en if retired)	D OF BUSINESS ON INDUSTR							
	unempl					ıla Keat	S		Daree		
			U.S. ARMED FORCE for or dates of service		18. INFORMA				DDRESS		
	no				WiTT	iam Jenk	ins (f	ather)		e as a	
	19.	4.91		CAUSE OF DEA	ATH					PROXIMATE INT	
	DISEAS	E OR COND	TION DIRECTLY								
		LEADING TO		(A)IMMEDIATE	CAUSE Bro	onchopne	umonia				
	heort foilure	asthenia, etc.	made of dying, e.g., It means the disease, In caused death.)	DUE TO, OR	AS A CONSEQUE		101 1 1 1 10 10 10 10 10 10 10 10 10 10				
NO	DISEASES O	NTECEDENT OR CONDITION ABOVE CAN NG CONDITI	ONS, IF ANY, GIVING	DUE TO, OF	rug addic						
CERTIFICATION	TO THE DEA	IFICANT CON	II IDITIONS CONTRIBU RELATED TO THE TERM GIVEN IN PART 1 (A)	MINAL						- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	
ER.1	20A. DATE OF	OPERATION	20B. CONDITION	FOR WHICH OPERATION V	VAS PERFORME	D			21. AUTO	PSY? (Yes or	No)
	2		11-37							yes	
MEDICAL	22A. EXTERI UNDERLYING UTING ☐ CA		TRIB-	228. PLACE OF INJURY (e.g. hame, farm, factory, street, off			(If in Boltimo	re City, give exa	ct location)		
Σ	OF INJURY (APPROX.)	(Manth) (D	ay) (Year) (Hau	WHILE AT NO	T WHILE WORK	. HOW DID IN	IJURY OCC	UR?			
	23.	ify that I h	eld an Inquiry	Inspection A	utopsy XX	and that an t	this basis,	death in my	apinlan		
	result	ed from: N	atural causes 🗷	Accident Suici	ide 🗌 Ham	lcide 🗌	Undeterm	ined manner [
			1	. ~ 1510	CH	HEF MEDICAL	EXAMINER			DATE SIGN	ED
	SIGNATI	1DE	Allela	Willen	D ASSIST	ANT MEDICAL	EXAMINER	XX			
	EXAMIN NAME (T	ER'S P	eter Lipko	vic, M.D.	ASSOC	IATE MEDICAL	EXAMINER			5/12/7	2
	A. BURIAL CREA	MATION, 2	4B. DATE	24C. NAME of CEMETERY	Y or CREMATOR	Y 24D.	LOCATION	(City, lowr	n, or county)	(Stat	e)
	Burial		5/17/72	Oak Lawn C	emetery		Ba	Ito. Md.			
25.	A. DATE REC'D	7 1972	10 40	NAME OF REGISTRAR	Sch Sch	nimunek	or Funer a	1 Homes,		3331 E	rehm
L.	151 DEV 1/1/49		+ 19	$\frac{720}{}$	1	0 4		Lene, B	alto.	11d. 21	213

FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant it death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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	11 1-				HEALTH DEPARTME	NT				
BIR	4-43;	2 72	04691	CERTIFICA	TE OF DEAT	TH REG. NO.	72 04630			
	AME OF DECE			7. (1	TE AND HOUR OF DEA	4 7 6			
	Mo		ames		James) /	May 10, 19	, M.			
3.	PLACE IN BALI	IMORE MARYLAND,	WHERE PROP	OUNCED DEAD		10/1	If institutions residence before admission)			
FU	LL NAME OF	(IF NOT IN HOSPI	TAL OR INS	TTUTION, GIVE STREET	Maryland	· SALTO	5 500			
IN	MOITUTIES				C. CITY OR TOWN		NSIDE CITY LIMITS?			
	South	Baltinore	Grane	eal Hospital	E. STREET AND NUM		YES X NO			
1	+ 3						'cia Lane			
5. 5	EX	6. RACE	7. MADDIE	D NEVER MARRIED	& DATE OF BIRTH	9. AGE Un years	Il Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.			
	Male	white	WIDOW		3-17-	16 lost birthday	Months Days Hours Min.			
				OF BUSINESS OR INDUSTRY	11. BIRTHPLACE IState	of foteign country)	12 CITIZEN OF WHAT COUNTRY?			
don		rorking life, even if r efired]		M1	Mary	land				
13.	mechani FATHER'S NAM		Gen.	Mtr Assmbly Di	14. MOTHER'S MAID	EN NAME	pros.			
	Tacab	Ho] thaus			Barbar	a Messer				
15			reasi	II 6. SOCIAL	17. INFORMANT	1 /463361	ADDRESS			
(Ye	, no of unknown)	Ever in U. S. Armed Fo Uf yes, give war or da		SECURITY NO.						
	yes	WW I	I	27 3-7 0-1,587 CAUSE OF DEAT	Mildred H	orthuas (wife) same as aboy			
	(This does no	E OR CONDITION D LEADING TO DEATH of mean the mode of	f dying, e,	Mu (A)MMEDIATE CA!	lfiple pu	lmonary em	bolism BETWEEN ONSET AND DEATH			
	heart failure,	asthenia, etc. It mean plication which cause	s the diseas	DOL 10, OR 23	A CONSEQUENCE ON					
		INTECEDENT CAUSE								
		R CONDITIONS, If		(B) DUE TO, OR AS	A CONSEQUENCE OF:					
		above cause (A)		ie Dorio, or as	A CONSEQUENCE OF					
	UNDERLYING CONDITION lost. (C)									
-		11								
2	OTHER SIGNIFI	ICANT CONDITIONS CO H BUT NOT RELATED TO	ONTRIBUTING THE TERMINA	G L						
3	DISEASE OR CO	OPERATION 119% CO	RT 1 (A).		20A AUTOPSY? (Ye	s or Noll 20R (F YES, WE	RE FINDINGS CONSIDERED			
CERTIFICATION	O		RPORMED	t milet erzezhek		IN CERTIFYING	CAUSES OF DEATH?			
CAL CE	21A. ACCIDEN OR CONTRIBU DEATH (notify	IT WAS UNDERLYING TING CAUSE OF		18 PLACE OF INJURY (e.g., ome, form, factory, street, a	n or about 21C. WHERE	DID (II in Belti	Imore City, give exact location)			
임	21D.TIME	(Month) (Day) (Year	Houn 2	TE INJURY OCCURRED	215, HOW D	(D INJURY OCCUR?				
MEDI	OF (NJURY	(-9,7 (700)		White At Not Whit	le [7]					
				Work At Work						
	22. I certify	that (1) (this haspite	al) attended	The deceased Hour	7-78	· 19 7 2 to	May 10 1972			
	that ((we)	last sow the decea	sed alive o	19ay 10	19	ond that in (mx) (our)	opinion deoth occurred on the date			
	and hour and	from the causes st	ated above	(Me) (did) (did agt)	view the body after d	leath.				
	23A. SIGNATU	RE	1				23 B. DATE SIGNED			
	Chi	n Simp	Chan	M. D. Ath	anding Med. Director	Staff Phys.	May 10, 1972			
	23C.PHYSICIAN'S 23D. ADDRESS									
	23C. PHYSICIA NAME ()		Chan	MD						
24/	NAME (T)	ypel Sung	Chan	M. D. DEGREE	EMATORY	24D. LOCATION	(City, town, or county) (Stotel			
24/	NAME (T)	MATION, 24B. DATE		M. D. DEGREE	EMATORY	34				
	Burial September 1	VATION, 24B. DATE	72	M. D. DEGREE NAME of CEMETERY of CR Sacred Heart	Emetery	Balto.				
	Burial September 1	MATION, 248. DATE Specify) 5/15/	72 258, NAM	M. D. DEGREE	EMATORY Semetery 25C. FUNERAL DI	Balto.	Md.			



1	7-623 TO 04891 CERTIFICATE OF DEATH X REG. NO. 72 04691								
ased the Such	BIRTH NO.								
deat ease n th Suc	Type or Print ERNEST E. FORSYTHE SR. 2. DATE AND HOUR OF DEATH 5-10-72 1 9.40P.								
Dece	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, II institution: residence before admission) A. STATE BY B. COUNTY								
use ; (5) dan de	HOSPITAL OR ADDRESS OR LOCATION) FULL NAME OF IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET 8421 Beach Ford Rot. Statistic Beach								
	INSTITUTION C. CITY OR TOWN D. INSIDE CITY LIMITS?								
atten ior to	3001 S. Hanover St. Pasadena YES NO DE STREET AND NUMBER								
ned collar d pri	5 sex 16 acc 19								
ontrik regul ased is ma	WIDOWED DIVORCED DIVO								
ndeter in dece	10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?								
Jud 15 d	Assistant Supervisor Brookly U.S.								
was was the posi	I MOTHER'S MAIDEN NAME								
di, (on dis	15 Was Decayard From in It S A and From 2								
0	(Tos, no or unknown) (If yos, give wer or dates of service) SECURITY NO.								
27 E	No 215-05-8323 Mrs. Irma Forsythe & Same CAUSE OF DEATH APPROXIMATE INTERVAL								
of an uncer tende	DISEASE OF CONDITION DIRECTLY CAUSE OF DEATH LEGANC APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH								
Also 100 m	LEADING TO DEATH								
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,								
pro pro pro mba									
A fr A fr Who reg	ANTECEDENT CAUSES (B) Alcoholic or biliony.								
22 - 0	DISEASES OR CONDITIONS, if any, giving rise la the above cause (A) stating the								
cal ciar ciar as i	UNDERLYING CONDITION last. (C)								
E X X E	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL SIGNIFICANT CONDITION CIVEN IN PART 1 (A).								
od)	192 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yos or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?								
(2) Bere to phy efore	OR CONTRIBUTING CAUSE OF home, form, forlow, sheet, affice bldg, INTURY OCCUPY								
pital b re; (2) where No pl	S DEATH (nobity modicol examined NO electronic)								
e hospital by nature; (2) ccept where nd (6) No ph	21D. TIME (Month) (Doy) (Yoor) (Hous) 21E. INJURY OCCURED (APPROX.) While At Wark At Wark								
any (exc) an	22. I certify that (1) (this haspital) attended the deceased from 5 - / - 19 22 to 5 - / 0 19 72								
	that (1) (we) last saw the deceased alive an T-10 1920 and that in (my) (aur) opinion death accurred on the date								
dent of dent of lospital death) must be	and hour and from the causes stated above. (1) (We) (did) (did not) view the bady after death.								
ident nospit deat	23A. SIGNATURE								
	DEGREE Phys. Director Phys. S-10-72								
y was religious (1) An accidental An at a bid prior to approval	23C. PHYSICIAN'S NAME (Type) D. S. SAWITHEY DEGREE Attending Med. Shoff Soll Soll Soll Soll Soll Soll Soll S								
S O D B	24A- BURIAL CREMATION, 24B. DATE 24C NAME AL CEMETERY OF CREMATORY								
TO 0 -	Burial 5/15/72 Cedar Hill Cemetery Baltimore, A.A. Co., Md								
the body shows: (1) was D.O./ deceased written a	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS								
	WAY 17 19/2 Jobes 2 Joseph Conce, 4001 Ritchie Hewy								



	1	non)	TANK TO A	N dan	BALTIMORE CITY	HEALTH DEPARTMEN		30 01000		
	V	0-260	120	4692	CERTIFICA	TE OF DEAT	H REG. NO.	72 04692		
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to Do ot	3. (PLACE IN SALT	MORE MARYLAND, W	HERE PRONO	NCED DEAD	A. STATE B. C	Where deceased lived, 11	f institution: residence before admission)		
hospi ise o (5) D ance deat	FU	LL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITU	UTION, GIVE STREET	Md.		2741		
2 . 7	HO	SPITAL OR	ADDRESS OR LOCA	INOITA		C. CITY OR TOWN	D. 11	NSIDE CITY LIMITS?		
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od ing of cau	-	Joh	NS HOPK	1115	HospitAL	OSPITAL E. STREET AND NUMBER				
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trib min gulo sed	5. \$	EX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Days Hours Min.		
contrib letermin in regul		M	W	WIDOWED		7-25-00	65 XXX			
co ete			PATION (Give kind of work orking life, even if refired)		Elec Co.	11. BIRTHPLACE (State o	r foreign country!	12 CITIZEN OF WHAT COUNTRY?		
de inde			Asst. Sec	& Tre	surer	Virginia		U.S.A.		
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ind; ind; eath on	15.	Was Decoused	Ever in U. S. Armed For Ilf yes, give war or date	cesī	16 SOCIAL	17. INFORMANT		ADDRESS		
he dikind; kind; death	(Te	NO of unknown)	Ill yes, give war or date	s of service)	SECURITY NO.	A M T	4 - YeT			
9 4 - 6 12	_				CAUSE OF DEAT	A M. Loret	ta Weger	Same APPROXIMATE INTERVAL		
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Also, noun atter			OR CONDITION DI	RECILY		Metasta A CONSEQUENCE OF:	tic CA . Cl.	ung / year.		
		(This does no	t mean the mode of	dying, e.g.,	DUE TO, OR AS	A CONSEQUENCE OF:	100 071,01 00	and the state of t		
arour ba		Injury or com	isthenia, etc. It means dication which caused	the disease,						
miner. fractu o pro gular emba			NTECEDENT CAUSES							
Kami kami A fr who reg		DISEASES O	R CONDITIONS, If	anv. olvina	(B)DUE TO, OR AS	A CONSEQUENCE OF				
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B B . E		UNDERLYING	CONDITION lest		(c)					
medical medical burns; physicic an was	z	OTHER CLOSURE	11 CANT CONDITIONS CO	ALTRIBUTIALO						
	ATION	TO THE DEATH	BUT NOT RELATED TO T	HE TERMINAL						
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Chief Chief Body the F	CERTIFIC	2)	WAS PERI	POEMED		YES	IN CERTIFYING	CAUTES OF DEATH?		
E -	U	21A. ACCIDEN	T WAS UNDERLYING	218	PLACE OF INJURY (e.g., I	n or about 21 C. WHERE D	ID (if in Boltic	more City, give exect location)		
	CAL	DEATH (notify	medical examined	hom		mee blog, INJURT OCCU	ikr			
hospita nature; ept whe d (6) No	음	21 D. TIME	(Month) (Doy) (Year)	(Hour 21E	INJURY OCCURRED	215 HOW DI	NURY OCCUR?			
pet ppt (6)	MEDI	OF INJURY		Wh	ile At 🖂 Not While	• 🖂				
0 0				Wo	rk LJ At Work		7-			
			that (1) (this hospital			5/12	19 <u></u>	5/15 19.72		
ap to			last saw the decease		6			opinion death occurred on the date		
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dent of death)		23A. SIGNATU	RE P //	8	A	-41 10-4	- c. "	23R DATE SIGNED		
elea ccide ccide to d to d			1. Kur	null	DEGREE Phy	ending Med. S. Director	Stoff Phys.	5/15/72		
0 10 0		23C. PHYSICIA NAME IT	N'S			23D. ADDRESS		.101		
An An				-zwei	(, MD	Johns H	opkius Ho	spital		
- B	24/	REMOVAL IS	AATION, 248. DATE	24C.N.	AME of CEMETERY OF CR	EMATORY 2	D. LOCATION	(State)		
E 700		Burial		2 Hc	ly Redeemer	,	Poleimana	Ma 3		
This certif the body shows: (1) was D.O. deceased	25/		BY HEALTH DEPT.		DE REGISTRAR	25C. FUNERAL DIRE	Baltimore,	Mary Land ADDRESS		
This certhe bocshows: was D. deceas		MAY 1 P	1079 Q.Q. A.	0 3 0	2 2000			Baltimore, Md		
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1/ 212	BALTIMORE CITY	HEALTH DEPARTMENT							
H-262 72 04693	CERTIFICA	TE OF DEATH	REG. NO.	72 04602					
I. NAME OF DECEASED	CERTIFICA			.~ 0,1000					
(Type or Print)	Nick	2. DATE AND	D HOUR OF DEATH						
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR		4. USUAL RESIDENCE IWhere	15 1972	M.					
FULL NAME OF (IF NOT IN HOSPITAL OR IN		Baltimore	Mary la no	Sin testbence beloto admission					
HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INSIDE CI	TY LIMITS?					
144	. 1 1/	KINGSUI	lle. YES	□ NO □					
Tunion Memo	not Hospinal	1815 UALL	EYBROOK	DRIVE.					
Male White Widow	NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 2/15/1900 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	ost birthdoy) No. AGE (In years ost birthdoy) Mon	Inder 1 Ys. If Under 24 Hrs. Hours Min.					
10A. USUAL OCCUPATION (Give kind of work 10B. KIN)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of foreig		CITIZEN OF WHAT COUNTRY?					
dope during most of working life, every interied) Chief Engineen trice 13. FATHER'S NAME		0 41 -	ECE	U.S.A.					
George I	douzouris	14. MOTHER'S MAIDEN NAM	Helen XXXXXXXXX	?					
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) [iff yes, give war or doles of servi	I & SOCIAL	17. INFORMANT	AVVIOLOGICA CO	ADDRESS					
No	086-14-6322	Man Adminus	. 11						
18. // 0 / 4 / 4	CAUSE OF DEAT		e Houzouris	Same APPROXIMATE INTERVAL					
DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH					
LEADING TO DEATH	(A) IMMEDIATE CAU	SE Branchopinie.	Carcinomo	2					
(This does not mean the mode of dying, heart failure, asthenia, etc. 11 means the dise	20.	A CONSEQUENCE OF							
injury or complication which caused death.)	-		1 -07						
ANTECEDENT CAUSES	ANTECEDENT CAUSES Diabetes Welliters								
DISEASES OR CONDITIONS, if any, gir									
rise to the above cause (A) stating	A CONSEQUENCE OF:								
UNDERLYING CONDITION last	(c)			***************************************					
Z OTHER CICALIFICANT CONTROL CONTROL	10								
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN	IAL			LEI ALL LE					
DISEASE OR CONDITION GIVEN IN PART 1 (A).		20A. AUTOPSYZ (Yes of NV)	208. IF YES, WERE FINDIN	GS CONSIDERED					
WAS PERFORMED		20707073171103 01 1107	IN CERTIFTING CAUSES C	OF DEATH?					
21A. A CODENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) 21D. YiME (Month) (Doy) (Year) (Hourt	21B PLACE OF INJURY (e.g., ir home, farm, foctory, street, of etc.)	or obout 21C. WHERE DID	(If In Boltimore City,	give exact location)					
OF INJURY (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?						
(APPROX)	While At Work At Work	PП							
22. I certify that (1) (this haspital) attended		- 126	712_to_ 5-	15					
that (i) (we) last saw the deceased alive				1976					
		and that	in (my) (our) opinion a	leath occurred on the dole					
and hour and fram the causes stated abave	e. (1) (πe) (did) (did not) v	lew the bady after deoth.							
Die Date Storte									
Table Elley	DEGREE Phys		hys.	5-15-1972					
23C. PHYSICIAM'S NAME (Type) PABLO Med	leareso	Union.	Memori	al Hospital					
24A. BURIAL CREMATION, 24B. DATE 246 REMOVAL (Specify)	C. NAME OF CEMETERT OF CRE	MATORY 24D. LO		n, or countyl (State)					
Daniel - 3	Crook Onthed								
	Greek Orthodox	25C. FUNERAL DIRECTOR	Baltimore, A	aryland					
MAY 17 1972 Jale E. Ja	Bn. 198 13 17 1	Leonard J Ru	ick Inc. Balt	timore. Md					
VS 150-REV. 1/1/68	10 G . VI	10000							

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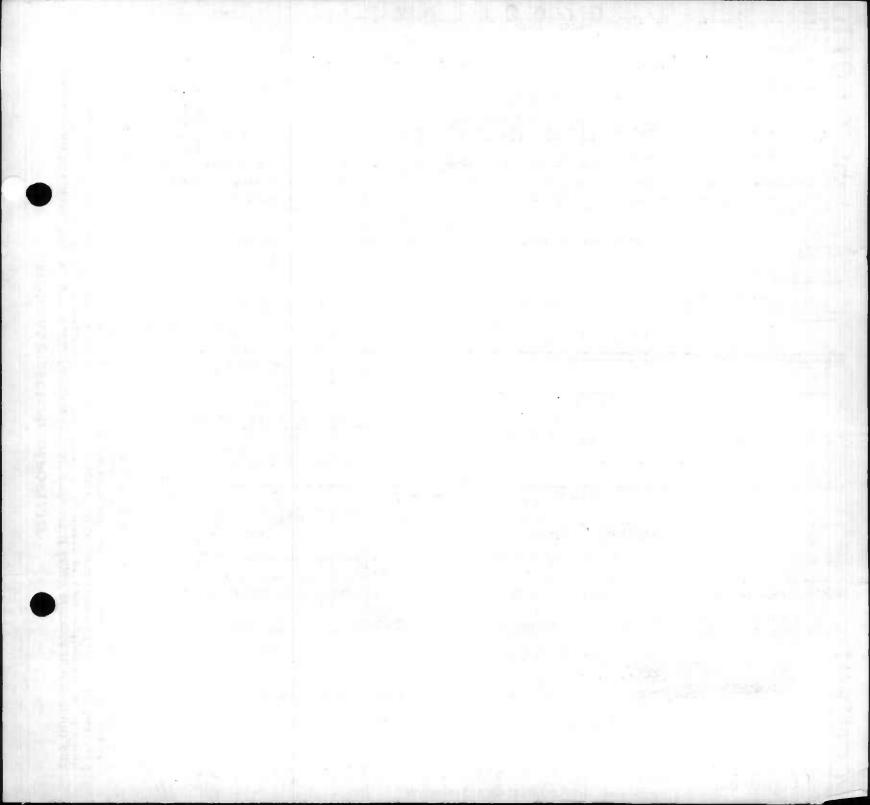
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approved by the chief medical examiner or his assistant if deoth occurred in a hospital and to the hospital by a medical examiner. Also, if the direct or contributing cause of death of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased all (except where the physician who pronounced death was in regular attendance on the h); and (6) No physician was in regular attendance on the be obtained before the remains are embalmed or final disposition is made.	
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This certificate must be approved by the chief medical examiner or his assistant if deoth occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
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0-01	1	1001	BALTIMORE CITY	HEALTH DEPARTMENT	r	~0 03003	
5329 BIRTH NO.	72 0	1694	CERTIFICA	TE OF DEATH	REG. NO	72 04694	
1. NAME OF DEC	Franc	ces V.	Stadler	-	AND HOUR OF DEATH	11:00 A M.	
3. PLACE IN BA	LTIMORE, MARYLAND, V	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, if	institution: residence before admission)	
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTIT	UTION, GIVE STREET	Maryland		SIDE CITY LIMITS?	
	0400 ***			Baltimore		YES X NO	
00	3130 Hai			3130 Harf	ord Road		
5. SEX	6. RACE	7- MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	Il Under 1 Yr. If Under 24 Hrs.	
Female	Caucasian	WIDOWED	DIVORCED	Jan. 29, 19	75		
		108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stote or	loreign country)	12. CITIZEN OF WHAT COUNTRY?	
_	working file, even if retired)			Mary Var	al a	TICA	
13. FATHER'S NA	estic	-		New Yor		USA	
	Albert	A. Sta	adler	Loret	to C. Kane		
	d Ever in U. S. Armed Fo		1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
No			168-42-3013	Mrs. Gertr	nde Ross	Same	
18. 14. 14	0.9		CAUSE OF DEAT		ade nobb	APPROXIMATE INTERVAL	
7 7	SE OR CONDITION DI	RECTLY	Compa	lized Arteni	/	BETWEEN ONSET AND DEATH	
	LEADING TO DEATH		O eneral	rzed Aryeni	osol enosis	Several years	
	nat meen the made of		DUE TO, OR AS	A CONSEQUENCE OF:			
	, asthenia, etc. II means mplication which caused						
	ANTECEDENT CAUSES						
DISEASES			(B)	A CONSEQUENCE OF:			
rise to th	OR CONDITIONS, if the above cause (A) G CONDITION lost.		(c)	A CONSEQUENCE OF:			
	Ш						
TO THE DEA	FICANT CONDITIONS CO TH BUT NOT RELATED TO T CONDITION GIVEN IN PAI	HE TERMINAL	Chron	c Brain J	gndrome	Soveralyeans	
	F OPERATION 198. CON WAS PER	IDITION FOR	WHICH OPERATION	NO NO		E FINDINGS CONSIDERED AUSES OF DEATH?	
OR CONTRIB	INT WAS UNDERLYING UTING CAUSE OF	21 B hom etc.	ne, lorm, loctory, street, o	n or obout 21 C. WHERE DI	D (If In Bottim	are City, give exect location)	
Q 21 D. TIME OF INJURY	(Month) (Doy) (Year)		INJURY OCCURRED		INJURY OCCUR?		
(APPROX.)		Wo					
22, I certify	that (1) (this hospita	t) ottended t	he deceased from	Nov	19 6 /10	May 1972.	
) last saw the decease		1			pinian death occurred on the dote	
		ted obove. ((tan-btk) (did) (dtd-net)	lew the body ofter dea	oth.		
23A. SIGNATURE MEd. Stoff 23B. DATE SIGNED							
DC. PHYSICI	AN'S	mer	GEGREE Phy	23D. ADDRESS	Staff Phys.	13/12	
NAME	/ T 34	7 i mm	nman M D	2202 Howfo	and Pond P	oltimone Menuland	
24A. BURIAL CRE	LOY M. EMATION, 24B. DATE (Specify)	24C. N	erman M. D. BOREE	3202 Harfo		altimore Maryland City, town, or county) (Stote)	
Burial	5/17/7	72 Ne	ew Cathedral		Baltimore.	Maryland	
25A. DATE REC'E	1 1 1072	258. NAME (OF REGISTRAR				
MAY VS 150-REV. 1/1/	1/ 13/2 30%	بورة رك	LUZZA AGITA O	reoughand 1	nuck inc.	5305 Harford Rd.	

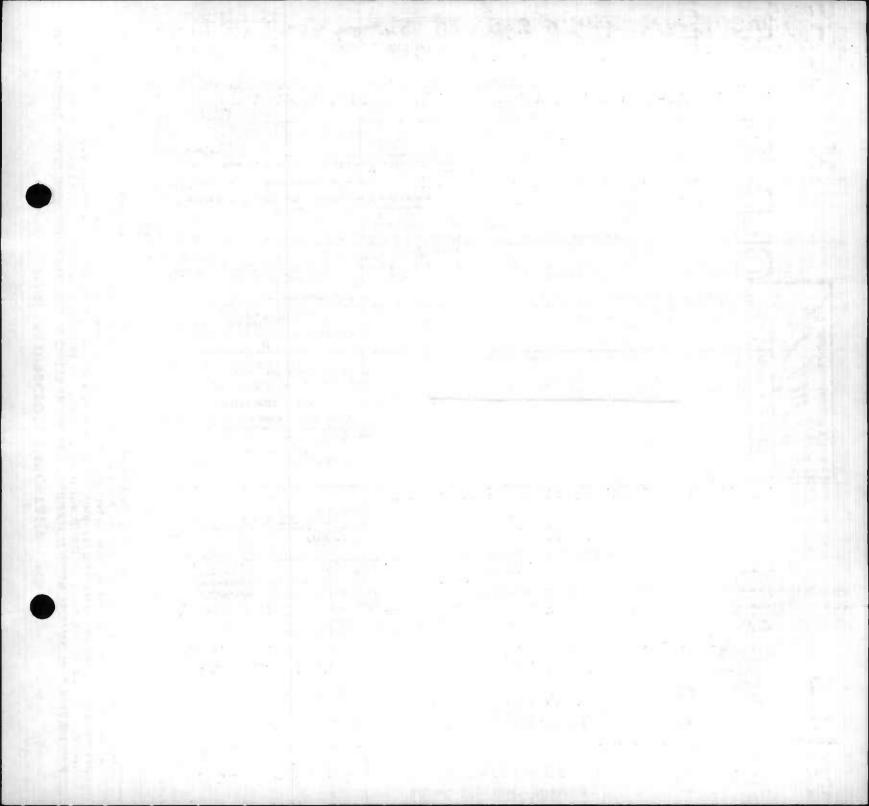
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1	,	m an)				HEALTH DEPARTMENT		72 04695
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f de ce		e or Print) 5	TANLEY		MASH	5	-12-1	211240 AM
	3, 1	PLACE IN BALTIA	ORE MARYLAND, W	HERE PRONO	INCED DEAD	A. STATE & COUN	e deceased lived. II ins	litution: residence before admission?
	FU	LL NAME OF	ADDRESS OR LOCA	AL OR INSTITU	JTION, GIVE STREET	Manuland C. CITY OR TOWN	Baltimore	
a hase; (sering	D					Brooklandville		YES NO NO
ting cause; r attend	3	SINAL	HOSPITA	1		E. STREET AND NUMBER		
de d	_					Falls Road		
	5. \$	EX 6.	RACE	/	NEVER MARRIED	& DATE OF BIRTH	9. AGE (In years last birthday)	Months Days Hours Min.
contributed in regularies on is ma	104	USUAL OCCUP	ATION (Give kind of work	WIDOWED	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or force	on country)	12. CITIZEN OF WHAT COUNTRY?
in the contract of the contrac	dan	during most of wor	king life, even if retired)				•	
ded ded des ded		bbber Father's Name		Sel	f Employed	England 14 MOTHER'S MAIDEN NAM	ME	USA
if death rect or c (4) Under was in the dece	l a	Alfred	Mach			Annie E. H	lassland	
	15,	1.	er in U. S. Armed Force yes, give war or date:	067	1 & SOCIAL	17. INFORMANT	osstora	ADDRESS
the direction of the death	(Ye:	yes	yes, give war or date: I	s of service)	217-07-6259	Family records	1	
2 - CE		18. / / /	91,		CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
			OR CONDITION DIR	ECTLY	CARI	DIAC ARRY	ITHMIA	7
Also e of noun med			ADING TO DEATH mean the mode of	dving. e.g.,	(A) IMMEDIATE CAU	SE A CONSEQUENCE OF:		
ar bal		heart failure, as	thenia, etc. It means calian which caused	the disease.	A R D C	ACONSEQUENCE OF	LORTIC	
E C C E			TECEDENT CAUSES		ADDC	MINAL ANEURYSM A CONSEQUENCE OF:	1	?
xam cami A fr who reg			CONDITIONS, If		DUE 10, OR AS	A CONSEQUENCE OF:	***************************************	ADD-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
- 60 E E S			above cause (A)	stating the	(c)			**********
dical dical rrns; rsicia was main			11			10)00 11		
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m m m m m m m m m m m m m m m m m m m	CAI	DISEASE OR CON	PERATION GIVEN IN PARTIES TO PERATION 198 CON WAS PER	T 1. (A).	WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE F	INDINGS CONSIDERED
by a 2) Bod 2) Bod re the physicore the	CERTIFICATION	0	WAS PERF	ORMED			IN CERTIFYING CAU	ISES OF DEATH?
		21A. ACCIDENT	WAS UNDERLYING THE	21 B	PLACE OF INJURY le.g., i	n or about 21 C. WHERE DID	(If In Baltimore	City, give exact lacation)
75 % £ Z 4	MEDICAL	DEATH (natify m	edical examined	elc				
- 2 - 2 -	MED	OF INJURY	Month) (Day) (Year)		INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
> = 0 B B		(APPROX)		Wo	ik - Al Weik			5-12 1972
0+ =0 0		4	at Al (this hospital		he deceased from		19 72 10	
あったらころう			st saw the decease		P* -	lew the bady after death.	at in (ask) (aut) apin	nion death occurred on the date
dent of death)		23A. SJON ATURE	rom the couses stat	ed obove.	(me) (ala) (ala det) V	new the bady after death.		238 DATE SIGNED
	E	Ronal	ed P. Bu	ank.	M.D. Athe	nding Med.	Staff Phys.	5-12-72
9 D D D D D D D D D D D D D D D D D D D		23C-PHYSICIAN	5		DEGREE!	23D. ADDRESS	//	
was r An a L at prior		RONA	FLD P. B	YANK	M. D. DEGREE	SINAI	HOSPITA	+_
A P B	24	A. BURIAL CREM	ATION, 248, DATE	24C. N	AME of CEMETERY OF CR	EMATORY 24D. L	OCATION (Cit	y, town, ar caunty) (State)
body ws: (1) bossed		Burial	May 15,	1972 Sa	ter's (emetery	Lut	therville, Mc	
the body was relisate m shows: (1) An acci was D.O.A. at a deceased prior to	25.	A. DATE REC'D B		25B. NAME	OF REGISTRAR	25C, FUNERAL DIRECTOR		ADDRESS
F = W 3 D 3		150-REV. 1/1/68		188.3	alber ARD	John Burns	Sons, lousor	, Maryland
	4.2	170-UF AP 11 11/00		P . F	dea by the	0 0 / 0		



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exan xam	1) A f	who	Per t	are .
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	show	Was	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.

1//// (20	CATE OF DEATH REG. NO								
DIKITI ITO.	AIL OI DLAIN								
(Type of Print) WERTZ, EDWARD C	2. Date and hour of death 5 12 72 8:25 PM								
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE & COUNTY								
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND 2582								
INSTITUTION	C, CITY OR TOWN D. INSIDE CITY LIMITS?								
ST AGNES HOSPITAL BALTO., MD.	BALTIMORE YEX NO								
	1964 SPONSON ST-212 30								
S. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED X DIVORCED	7 2-9-92 lost bidhdoy) Months Doys Hours Min.								
IOA. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY?								
SHOP MAN PO RRD.	PA. USA								
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME								
(Edward WERTZ (DECD)	HARRIET () DECD								
15. Was Decessed Ever in U. S. Armed Forces? (Yes, na ar unknown) (If yes, give war or dates af service) SECURITY NO.	17. INFORMANT ADDRESS								
NO 717 09 55									
18. 43691 CAUSE OF DE	ATH SE WEEN ONSET AND DE TH								
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE C. V. A								
IThis does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	AS A CONSEQUENCE OF:								
injury or camplication which caused death.)									
ANTECEDENT CAUSES	E ME S								
DISEASES OR CONDITIONS, if any, giving DUE 10, OR DISEASES OR CONDITIONS, if any, giving DUE 10, OR	AS A CONSEQUENCE OF:								
UNDERLYING CONDITION lost. (C)	3 ()								
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING IO THE DEATH BUT NOT RELATED TO THE TERMINAL	The parties of the second seco								
DISEASE OR CONDITION GIVEN IN PART 1 (A).									
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	20A-AUTOPSYS (Yes of No.) 20B, IF YES, WERE FINDINGS OF ATTE								
OR CONTRIBUTING CAUSE OF home form foctory street	g, in or obout 21 C. WHERE DID (If In Boltimore City, give exect location)								
DEATH (notify medical examined) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?								
(APPROX) A White At Not W	/hile 🗀								
22. I certify that () (this hospital) attended the deceased fram	10000								
19. I certify that (I) (this hospital) attended the deceased fram 5 8 19.72 to 5 12 19.72 that (W) (we) last saw the deceased alive an 5 12 19.72 and that in (m) (aur) apinion death occurred an the date									
and hour and from the causes stated above. (1) (We) (did not) view the body after death.									
23A. SIGNATURE	238, DATE SIGNED								
X F. A Khorasance	Attending Med. Staff Short 5 12 72								
23C.PHYSICIAN'S NAME (Type)	23D. ADDRESS								
F A KHORASANIE MD.	ST AGNES HOSPITAL-BALTO., MD.								
REMOVAL (Specily)	CREMATORY 24D. LOCATION (City, town, or county) (Signe)								
Bureral 5-16-72 Glen Haves	r ten. Glen Survice Md. D.								
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25G FUNERAL DIRECTOR DE 1905 10 51.								
VS 150-REV. 17/68	go sing working the follows.								
	21223								



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

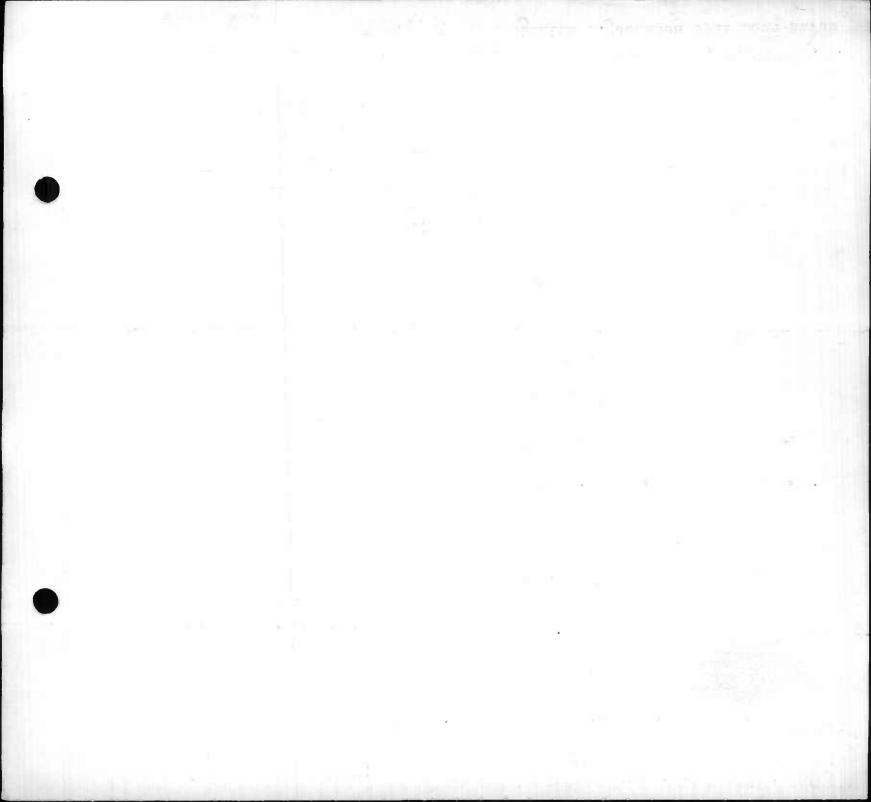
C-326 72 04697 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO	72 04697						
1. NAME OF DECEASED 12 DATE AND HOUR OF DEATH							
CARRIE CATH CART 5/13/72	1 12 '30 A						
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, if in A, STATE B, COUNTY	stitution: residence before admission)						
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) G. CITY OR TOWN D. INST	M. BALTO. C. CITY OR TOWN D. INSIDE CITY LIMITS?						
NORTH CHARLES GENERAL HOSPITAL E. STREET AND NUMBER 3809 GWYNN OAK	AEZ NO						
5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF SIRTH 9. AGE (in years	If Under 1 Yr., If Under 24 Hrs. Months: Doys Hours Min.						
WHITE WIDOWED DIVORCED 16 6 93	Manths Doys Hours Min.						
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or loreign country)	12. CITIZEN OF WHAT COUNTRY?						
HOUSE WIFE MARYLAND	U.S.A.						
13. FATHER'S NAME							
JAMES E. BROWN MARY DEAVER							
15. Wos Deceosed Ever In U. S. Armed Forces? (Yes, na or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	ADDRESS						
- Clappana Classiant	Carro						
18.4 CAUSE OF DEATH	APPROXIMATE INTERVAL						
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH						
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, osthenia, etc. It means the disease,							
injury or complication which caused death.)							
ANTECEDENT CAUSES (B)							
DISEASES OR CONDITIONS, if any, giving pure to the above cause (A) stating the UNDERLYING CONDITION lost. (8) DUE TO, OR AS A CONSEQUENCE OF: (C)							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT CARRY TO THE TERMINAL OTHER SIGNIFICANT CONDITIONS TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED TO THE TERMINAL OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED TO THE TERMINAL OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED TO THE TERMINAL OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED TO THE TERMINAL OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED TO THE TERMINAL OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED TO THE TERMINAL OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED TO THE TERMINAL OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED TO THE TERMINAL OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED TO THE TERMINAL OTHER SIGNIFICANT CONDITIONS TO THE TERMINAL OTHER SIGNIFICANT							
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE F	INDINOS CONSIDERED ISES OF DEATH?						
OR CONTRIBUTING CAUSE OF home, foctory, street, office bldg., INJURY OCCUR?	City, give exact location)						
OF INJURY (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?							
(APPROX.) While At Work At Work							
22. I certify that (I) (this hospital) attended the deceased from 5/9 19 to 5	113 1970						
that (1) (we) last saw the deceased alive on 5/12 19 72 and that in (my) (evr) opinion death occurred on the date							
and hour and from the causes stoted above. (1) (We) (did not) view the body after death.							
23A. SIGNATURE Lifting Moteries Montenegri Med., Attending Med. Director Phys. D 13/7 V 23C. PHYSICIAN'S NAME (Type) KUFIND MONTENEGRO M.D. 23D. ADDRESS 23D. ADDRESS 23D. ADDRESS 23D. ADDRESS 23D. ADDRESS 23D. ADDRESS							
BURIAL 5-16-72 Woodlaws Cometary Boltimore, Md 25A, DATE RECTO BY HEALTH DEPT. 25B, NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS							
MAY 17 1972 Page & E. Jaber, M.D. O Armacost Foreval Chapel-							

Clarence C. Catherast - Same

Biriel 5-16-72 Woodlaun Cemetray Baltimure, Md. Armens Phomeost Finence Chapel.

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

Br	1-532 72 0	4698	BALTIMORE CITY CERTIFICA	HEALTH DEPARTMENT	TBERLET 43	-73-92 04598 PNO DA 598	
1,1			NREW E.	27 DATE	CAND HOUR OF DEATH	43-73-84 5/12 70-75	
3.	PLACE IN BALTIMORE, MARYLAND, V	VHERE PRONO	UNCED DEAD	1 4. USUAL RESIDENCE (VA. STATE B. CO	Where deceased lived If	PNO Institutions residence before admission	
FLHIN	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) University Hospital Greenes Street			West Virginia Hampshire 45			
				Green Spring YES NO X			
				E. STREET AND NUMBER Rt. 1			
Н	Male White	7- MARRIED WIDOWED	NEVER MARRIED A	8. DATE OF BIRTH 5/9 72	9. AGE (In years last birthday)	Il Under 1 Yr. If Under 24 Hrs. Months Doys Haurs Min.	
io	A. USUAL OCCUPATION (Give kind of war ne during most al working life, even if retired)	108 KIND OF	BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY	
00.	None		None	RONNEY.	- W. Va	U.S.A.	
13.	FATHER'S NAME	10.0		14. MOTHER'S MAIDEN NAME			
	EMORY LA	-4015		41	NDA FULT	72	
15. {Yo	Was Deceased Ever in U. S. Armed Fa s,na or unknawn) (II yas, give war ar date	rces? es af service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
	No		None	Emory S. 1	Landis, Gree	en Spring, W, Va.	
Г	18.27301		CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
	DISEASE OR CONDITION DI	RECTLY		0 12	. 1	THE WEEK ONSELVED DEATH	
	(This does not mean the mode of dying a a (A) IMMEDIATE CAUSE						
	heart failure, asthenia, etc. If means the disease, injury or complication which caused dauth.)						
	ANTECEDENT CAUSES Meconium Ileus						
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:						
	underlying condition last. (c) Cystic Fibrosis						
ATION	\C/						
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).						
CERTIFICATION	19A-DATE OF OPERATION 19B. CON WAS PER	DITION FOR V	WHICH OPERATION	20A. AUTOPSYT (Yes or	No. 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED	
CAL	21 A. ACCIDENT WAS UNDERLYINO OR CONTRIBUTINO CAUSE OF DEATH (natily medical examine)] 21 B. hom etc.)	PLACE OF INJURY (e.g., in e, form, factory, street, aff	or about 21 C. WHERE DID	(II In Baltima	re City, give exact locotion)	
MEDI	21D. TIME (Manth) (Doy) (Your)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DED I	NJURY O CCUR?		
2	(APPROX)	Whi	ile At Not While				
	22. I certify that (1) (this hospital) attended th	ne deceosed from 5/	10	1972 to 51	1/2 19 72	
that (i) (we) last saw the deceased olive on 5/12 19.72 ond that in(my) (our) opinion death occ							
	ond have and from the causes sto	ed obove. (I) (We) (<u>di</u> d) (dld not) vi	ew the body ofter deat	h.		
	COA CLOSE ATTION					23 B. DATE SIGNED	
	Duy	-grc	After Phys.		Staff Phys.	5/12 72	
	23C. PHYSICIAN'S DR AND	E GR		3D. ADDRESS	VERSITY OF	MARYLAND HOST.	
24#	BURIAL CREMATION, 248. DATE REMOVAL (Specily)	24C. NA	ME of CEMETERY OF CREA	MATORY 24D.	LOCATION (C	ily, tawn, or countyl (State)	
	Burial 5/13/7	2 For	rest Glen Ceme	tery	Green Spring	, Naryza W, Va.	
25A	DATE REC'D BY HEALTH DEPT.	25B. NAME O	F REGISTRAR	25C FUNERAL DIRECT		8521 Loch Raven	
VS	150-REV. 1/1/68			, John M	we would have	June Min	

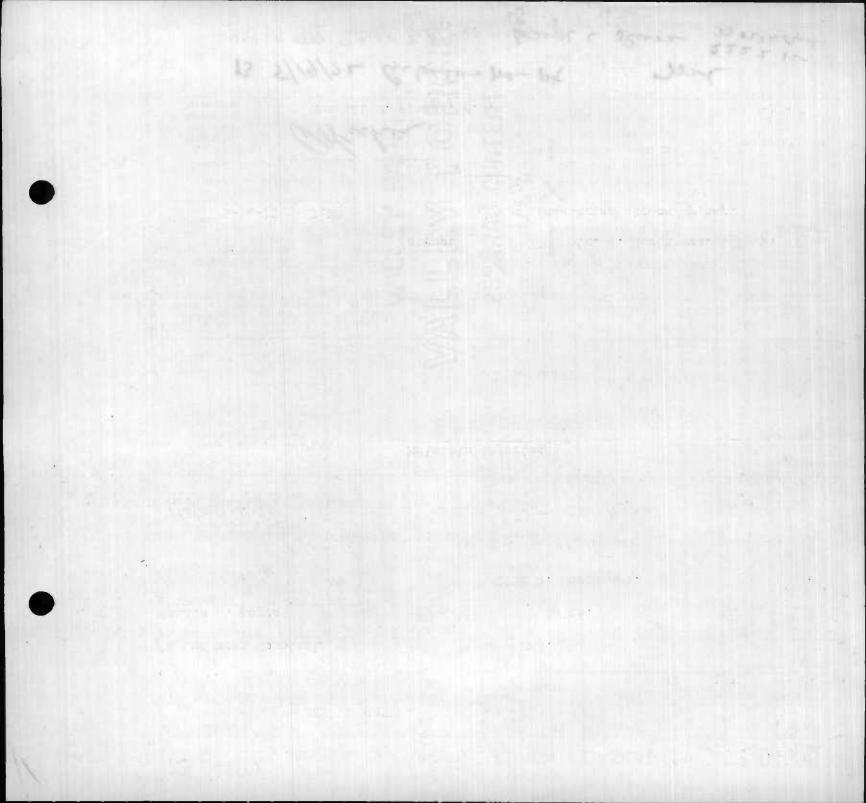


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BALTIMORE CITY HEALTH DEPARTMENT

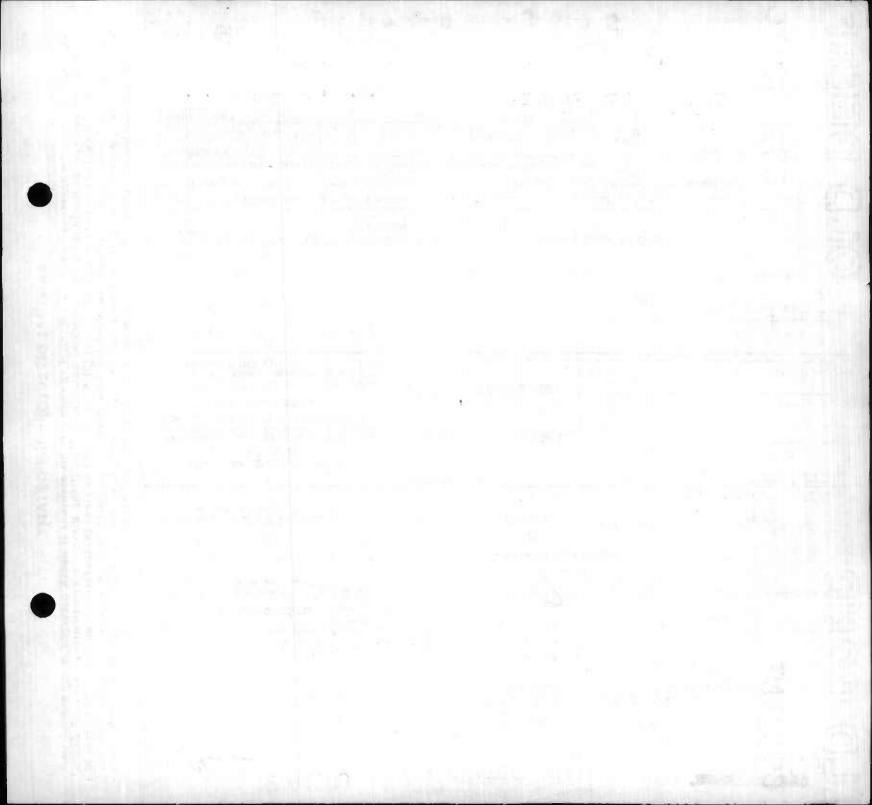
MEDICAL E	EXAMINER'S	CERTIFICATE	OF	DEATH	16
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MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 72 040	399
BIRTH NO.	
1. NAME OF DECEASED (Type or Print) 2. DATE Known Month Doy Year Hour OF Estimated	М.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month Day Year Hour	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) PRONOUNCED DEAD 5 14 1972 9	:40р м
S. USUAL RESIDENCE (Where deceased lived. If institution: residence before on A. STATE B. COUNTY	idmission)
Lutheran Hospital Md. /5	06
6. SEX 7. RACE 8. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE CITY LIMITS? Female negro widowed Divorced Balto.]
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER	
Nov. 21.1921 last birthday) 49 Months, Days, Haurs, Min. 2738 W. North Ave.	L.T.
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME	
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY IS. MOTHER'S MAIDEN NAME	
dane during most of working life, even if retired)	
House wife LILA WEAVER	
16. WAS DECEASED EVER N U.S. ARMED FORCES? (Yes, no ar unknown) ((If yes, give war or dates of service) 17. SOCIAL SECURITY NO.	16
mes 11: 1.0. A C. APPLS 278811, ALPTH	& Duo.
19. CAUSE OF DEATH APPROXIMA	ATE INTERVAL
BETWEEN ON	SET AND DEATH
DISEASE OR CONDITION DIRECTLY Multiple injuries	
LEADING TO DEATH (A)IMMEDIATE CAUSE	
(This daes not mean the made of dying, e.g., DUFTO, OR AS A CONSEQUENCE OF:	ate dat GreG der admissionale side die GreG +
heart failure, asthenia, etc. It meons the disease, injury ar camplication which caused death.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	
UNDERLYING CONDITION LAST.	
(c)	
OF THE RESIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (
TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes ar No)
yes	
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., in an about 22C, WHERE DID (If in Bultimare City, give exact location)	701
Q UNDERLYING FOOR CONTRIB. hame, form, factory, street, affice bldg., etc.) INJURY OCCUR?	0
☐ UTING ☐ CAUSE OF DEATH Street 2700 blk. W. North Ave. 168' w. o	
II IOFINIURY	shburtor
(APPROX.) 5-14-72 7:20 p WHILE AT NOT WHILE X Pedestrian struck by car.	
23.	
1 certify that I hold on Inquiry Inspection Autopsy ond that on this basis, death in my opinion	
resulted from: Natural souses Accident Suicide Homicide Undetermined manner	
CHIEF MEDICAL EXAMINER	
DATE	SIGNED
SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER	
EXAMINER'S NAME (Type) Russell S. Fisher, M.D. ASSOCIATE MEDICAL EXAMINER 5-15-	.72
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county)	(Stote)
REMOVAL (Specify) B 5/19/22 Colortus men ph	
13 17/7/2 0000	
2SA. DATE REC'D BY HEALTH DEPT. 2SB. NAME OF REGISTRAR 2SC. FUNERAL DIRECTOR ADDRESS 2	
MAY 17 1972 Robert E. Faller MA Joseph C Run 2222 2000 C	me
VS ISI DEV 1/1/48	



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased 2 was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO Carroll Co. md	CERTIFICA	TE OF DEATH	REG. NO.	72 (4700
Typo or Print Soper Baby B	٥٠.		6,1972	1 4140 A.
3. PLACE IN BALTIMORE MARTLAND, WHERE PRON	r, Margaret	II4. USUAL RESIDENCE IWhen	•	/T M
FULL NAME OF (IF NOT IN HOSPITAL OR INST HOSPITAL OR ADDRESS OR LOCATION)		Mary and	Carcoll	5600
INSTITUTION		Westminste		
Baltimore City Hosp		E. STREET AND NUMBER	1120	
4940 Eastern Avenue Baltimo	re, Maryland	Route 5 Box 30	04 21157	
sex 6. RACE MARRIE WIDOWE	D HEARY WAYNED [5]		9. AGE (in years If United the Month	he Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 108, KIND done during most of working life, even if refired)	OF BUSINESS OR INDUSTRY	Mary land	gn country! 12. C	CASA
13. FATHER'S NAME		14 MOTHER'S MAIDEN NAM	AE	
Richard		Margaret		
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown!)(II yes, give war or doles of service	SECURITY NO.	17. INFORMANT	4940 Eastern	Avenue
No		BCH: RECORDS	Baltimore, Ma	ryland 21224
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	AND MALEDIATE CAL	ee Cardiores	pinatory Arres	+ 0
iThis does not mean the mode of dying, e. heart failure, esthenia, etc. It means the diseas	DUE TO, OR AS	SE Cardores A CONSEQUENCE OF:	4	
injury or complication which caused death.)	, wy			
ANTECEDENT CAUSES	Re	spiratory ?) is treas	11 days
DISEASES OR CONDITIONS, if any, givin	g DUE TO, OR AS	A CONSEQUENCE OF:		
rise to the above cause (A) stating to UNDERLYING CONDITION last.	(c) Pr	e maturity		Il days
- 11	(0/			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINA DISEASE OR CONDITION GIVEN IN PART 1 (A). 194. DATE OF OFERATION 1198. CONDITION FO	ğ			
19A. DATE OF OFERATION 19B. CONDITION FO WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING!	R WHICH OFERATION	20A AUTOPST? (Yes or No. Yes	IN CERTIFYING CAUSES C	OS CONSIDERED OF DEATH?
OR CONTRIBUTING TICAUSE OF	TB PLACE OF INJURY leag, i ome, form, foctory, street, o teal	n of obout 21 C. WHERE DID fice bidg. INJURY OCCUR?	(II in Boltimore City,	
S OF INJURY	Vhile At Not While Not While Not While Not While Not Work		URY OCCUR?	
22. I certify that (1) (this hospital) attended	the deceased from A	port 1 25 1	972 to may	6 1972
that (f) (we) last saw the deceased alive of	may 6		at in (pg) (our) opinion d	
and hour and from the causes stated obove	(A) (Me) (did) (did not)	lew the body after death.	1022 6	ATE SIGNED
23A. SIGNATURE	Atte	nding - Med	addition .	ATE SIGNED
Cl. I. Koeselberg,	DEGREE		111/01	ay 6, 1972
23C.PHYSICIAN'S NAME (Type) A.G. Kasselberg, M.D	• DEGREE	Baltimore C	Avenue Baltimor ity Hospital:	e, Maryland S 21224
	NAME OF CEMETERY OF CR	MATORY 24D. LO	CATION (City, tow	n _e or county) (State)
Cremated 5-9-1972 B	altimore City I	Hospitals Bal	timore, Maryland	21224
25A, DATE REC'D BY HEALTH DEPT. TO SEE NOW	E CHE GISTRAR	25C, FUNERAL DIRECTOR	AL DISPOSA	ADDRESS
THE STATE OF THE S	7 9 0 1	4 5 600		



and

OFFT.

VS 150-REV. 1/1/6B

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258 NAME OF REGISTRAR

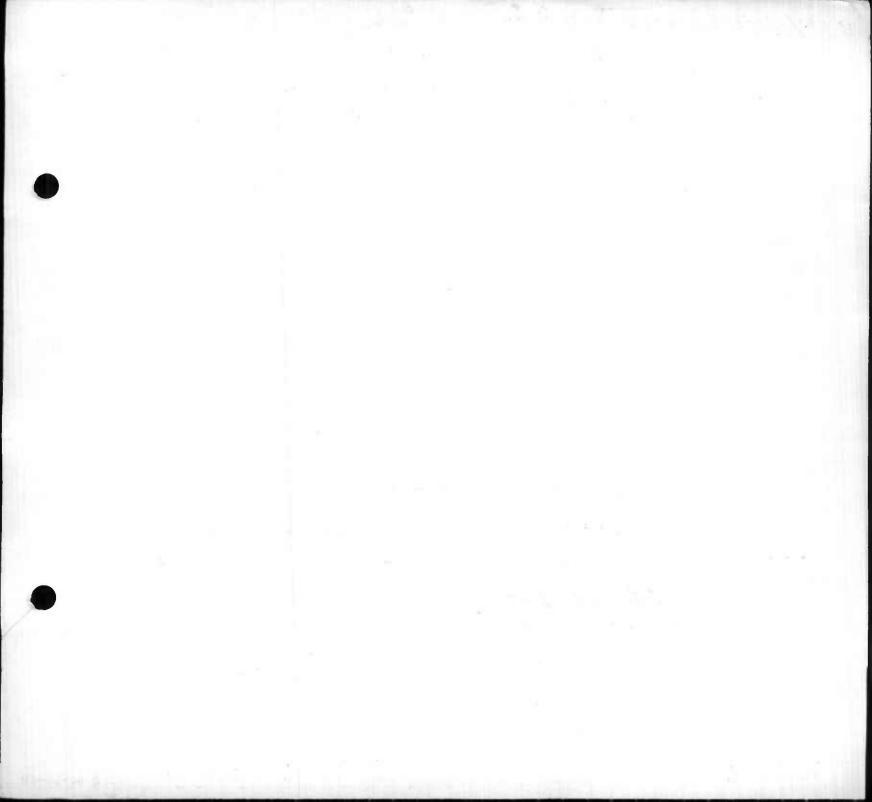
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		In India) (A P	10	.0.1
G.	NO.	16	5 0	9	41)	T

Par Gan p Hayes (36 h g, /mn &

W-200 72 0470	1 CERTIFICA	TE OF DEATH	REG. NO	72 04701
I. NAME OF DECEASED	Meeke	2. DATE AN	ND HOUR OF DEATH	102 1 6 1 10 0
FULL NAME OF HOSPITAL OR INSTITUTION BALTIMORE City Hospitals		A. USUAL RESIDENCE TWISE A. STATE B. COUN Maryland C. CITY OR TOWN Baltimore		SIDE CITY LIMITS?
4940 Eastern Avenue Baltimore, Maryland 2123	24	E. STREET AND NUMBER		YES X NO
5. SEX 6. RACE 7. MARE Female Negro WIDON		8. DATE OF BIRTH 2-9-94	9. AGE (In years lest birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KINI dane during most of working life, even if retired) AGENT	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE Stote or fore Maryland	ign country)	12. CITIZEN OF WHAT COUNTRY? U.S.A.
John WI WEEKS		Hazel		
15. Was Deceased Ever in U. S. Armed Forces? (Yas, no or unknown) (If yes, give wor or dates of servi	16. SOCIAL SECURITY NO. 216-24-3570A	17. INFORMANT BCH: RECORDS		rn Avenderss Maryland 21224
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, heard failure, asthenia, etc. II means the dise injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, give to the above cause (Al stating UNDERLYING CONDITION last.	e.g., DUE TO, OR AS	noma of c	ervix	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 198. CONDITION F WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING	ial			***************************************
19A-DATE OF OPERATION 198 CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? IYes or No	IN CERTIFYING CA	FINDINGS CONSIDERED LUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	218 PLACE OF INJURY (e.g., in home, form, foctory, street, off otc.)	n or obout 21C, WHERE DID fice bldg., INJURY OCCUR?	(If to Boltimo	re City, give exact location)
21D-TIME IMonth) IDoy) IYeoi) IHoui) Of fNJURY (APPROX.)	21E. INJURY OCCURRED While At Not While At Work	21F. HOW DID INJ	URY OCCUR?	
22. I certify that (A) (this hospital) attends that (I) (we) last sow the deceased alive and hour and from the causes stated above 23A. SIGNATURE 23C. PHYSICIAN'S NAME Typel CHU - SHIN CH 24A. BURIAL CREMATION, 24B. DATE 246	on	lew the body after death. Med. Director BODARSS10 Easter	Shoff XXX Phys.XXX	nion deoth occurred on the dote 238 DATE SIGNED Altimore, Maryland
REMOVAL (Specify) DUNIA L S/17/72 25A. DATE REC'D BY HEALTH OFFT. 125B. NAA	MA DUDUI	NA B.	DEATION TO	D County

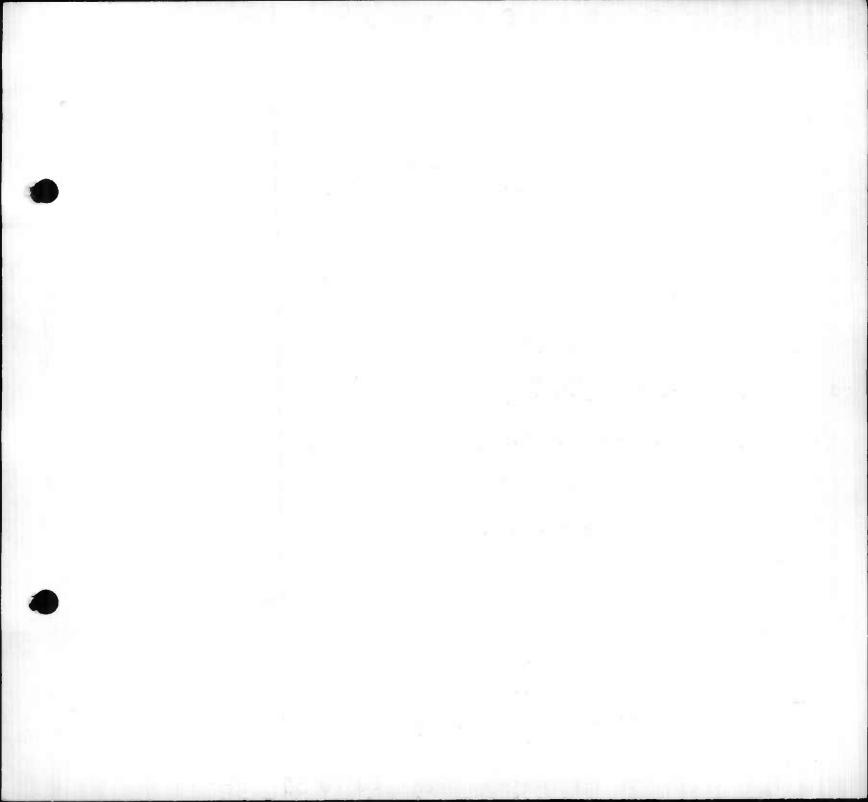
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased death was in regular attendance on the prior to death. Such a hospital Also, if the direct or contributing cause approved by the chief medical examiner or his assistant if death occurred in written approval must be obtained before the remains are embalmed or final disposition is made. deceased was D.O.A. at a hospital (except where the physician who pronounced death was deceased prior to death); and (6) No physician was in regular attendance on the IMPORTANT FUNERAL DIRECTOR: the body was released to the hospital by a medical examiner. This certificate must be



10-650 72 04702 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.
BIRTH NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE Known Month Doy Yeor Hour
LARRY BROWN	DEATH Estimoted
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour PRONOUNCED DEAD Nove 10 1070
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	May 12,1972 5:25 P _M 5. USUAL RESIDENCE (Where deceased fived. If institution: residence before admission)
0 37 N. Wheeler Avenue	A. STATE Maryland B. COUNTY 2002
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male Negro widowed □ Divorced □	Baltimore YES NO NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	E. STREET AND NUMBER
3-6-55	37 N. Wheeler Avenue
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME Wm. Holland
140.	
14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR' done during most of working fife, even if retired)	Helen Brown
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)(If yes, give wor or doles of service) 17. SOCIAL SECURITY NO.	HELEN Sadder same
110 CAUSE OF DEA	
307.71	BETWEEN ONSET AND DEAT
DISEASE OR CONDITION DIRECTED	enous narcotism
LEADING TO DEATH (A)IMMEDIATE (This does not meen the mode of dying, e.g.,	
heort foilure, osthenio, etc. It means the disease, injury or complication which coused death.)	AS A CONSEQUENCE OF:
migry or complication which coused dealin.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
O THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)
	yes
Z2A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY(e.g.,	in or about 22C. WHERE DID (If in Baltimore City, give exact location)
UNDERLYING OR CONTRIB. home, form, foctory, street, office	te bldg., etc.) INJURY OCCUR?
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F HOW DID INJURY OCCUR?
OF INJURY WHILE AT NOT	WHILE
m. WORK AT V	WORK L
I certify that I held on Inquiry Inspection Au	and that on this basis, deoth in my opinion
resulted from: Natural causes X Accident Suicio	
10011	CHIEF MEDICAL EXAMINER
ACTUAL / LA VIVI	ASSISTANT MEDICAL EXAMINER X
SIGNATURE M.L	
Ronald N. Kornblum, M.D.	ASSOCIATE MEDICAL EXAMINER 5/13/72
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	
Burial 5-17-72 Mt. Auburn	
25A DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Kelson F.H. 1348 Calhoun St.
VS 151-REV. 1/1/6B	0 3 6 9 2

1	M 552 72 04703 BALTIMORE CIT	Y HEALTH DEPARTMENT
P 0 4		ATE OF DEATH REG. NO. 72 04703
(5) Deceased ance on the death. Such	1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
٠. ب	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE I Where deceased lived, If institution: residence before admission
ance deat		A. STATE B. COUNTY
, p o	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CILY OR TOWN D. INSIDE CITY LIMITS?
attendo	SISKILIK PE IN HEED	BALTO - YES NO [
-	UNIVERSITY HOSP.	1.52 N. STRICKER ST.
0 0	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	
regular eased is mad	WIDOWED DIVORCED	Manths Days Haurs Min.
- 4-	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY dane during most of working life, even if retired)	11. FIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
s d		MP. USA
wa the ispos	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME SONYA
	15. Wes Deceased Ever in U. S. Armed Forces? 16. SOCIAL	MANNING
death nce or final d	(Yes, no or unknown) (If yos, give wor or dates of service) SECURITY NO.	17. INFORMANT MARY MANNING ADDRESS
C :-	18. 7 0 CAUSE OF DEAT	H APPROXIMATE INTERVAL
- 5 0 0	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
onoou r att	LEADING TO DEATH (This does not meen the mode of dying, e.g., (A) IMMEDIATE CALL	
pro	heart failure, astheria, etc. It means the disease, injury or complication which caused death.	A CONSEQUENCE OF:
000	ANTECEDENT CAUSES	e Muchaeron bulgaria Brias
4× 5 5 5		A CONSEQUENCE OF
	rise to the above cause (A) stating the UNDERLYING CONDITION last, (C)	
hysician n was ir remains	z	
phy	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
2004	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFIING CAUSES OF DEATH?
ere the physic efore t	U 21A. ACCIDENT WAS UNDERLYINO 21B. PLACE OF INJURY (e.g.,	465
	OR CONTRIBUTING CAUSE OF hame, form, foctory, street, a	in or about 21 G. WHERE DID (II in Baltimare City, give exact location)
	21D-TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED OF INJURY While At The Not While	21F. HOW DID INJURY OCCUR?
cept (6) dinec	(APPROX.) While At Not While At Not Work At Work	• 🗆
a x a do	22. I certify that W (this hospital) attended the deceased fram	3/2 19 72 to 5/15 1972
	that (1) (we) fast saw the deceased alive on 5/15	19 7 2 and that In (pay) (aur) opinion death occurred an the date
	and hour and from the causes stated above (1) (West (did) (did not) v	
a hospital or to death)	AHO AHO	anding Med. Shaff M
5 - B	23C-PHYSICIAN'S NAME (Type)	Inding Med. Shoff Director Phys. 9 15/72
A. at a he delicated brior to approval r	I DWIGHT NI FORTIER	1538 Ochrico Rd. Parto MJ
O.A.	PART OF THE PART O	MATORY 24D. LOCATION (City, town, or county) (State)
D. D.	BURIA 5-16-72 My. Calue	Ry CEM. Baldo. Da.
was D.O.A deceased p	25A, DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR	250. FUNERAL DIRECTOR O BAILEY ADDRESS
4 / 4 /	VS 150-REV. 1/1/68	1 Kerson b. H. 1348 Calhoun St



FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	(-n -	BALTIMORE CITY	HEALTH DEPARTMENT	70	0.4220.1
	72 047	CERTIFICA	TE OF DEATH		04704
(1)	PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	2. DATE AN V.A. 14. USUAL RESIDENCE (Who	14.1972 6:0	UA.M M
FI	JLL NAME OF (IF NOT IN HOSPITAL OR II OSPITAL OR ADDRESS OR LOCATION)		A. STATE B. COUN C. CITY OR TOWN	DIPY STREET	+ Bo H M
	2302 Nident	Hospital	E. STREET AND NUMBER	YES	
5.	1 10	RIED NEVER MARRIED		Holly St. 9. AGE (In years (I United the street of the st	nder 1 Yr. If Under 24 His. hs; Doys Hours; Min.
10.	WIDO		11. BURTHPLACE (State or fore	5 III	TITZEN OF WHAT COUNTRY
E	NGINEER FATHER'S NAME	Ai HOSPITAL	14 MOTHER'S MAIDEN NAM	ARDINA	US.A.
	James J		Ethel Kilpati		
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (II yes, give war or dates of serv	16. SOCIAL SECURITY NO.	Evelyn John	nson 2709 Mt	Holly St.
	18./57.91	CAUSE OF DEAT	i l		APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Conserved.	Parente	5-6 HONTH
	This does not mean the made of dving.	e.g., (A)IMMEDIATE CAU	SE Cancer of A CONSEQUENCE OF: with met.	vanecas	
	heart failure, asthenia, etc. It means the disc injury ar camplication which caused death.)	ease,	with met.	ulani	
	ANTECEDENT CAUSES	(n) C	HE		2-3 days
	DISEASES OR CONDITIONS, if any, ginse to the above cause (A) stating UNDERLYING CONDITION last.	ving DUE TO, OR AS the (C)	A CONSEQUENCE OF:	***************************************	an annual and a second a second and a second
NOT	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERMINATION OF	NG			
ERTIFICATION	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B CONDITION I WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE FINDING IN CERTIFYING CAUSES O	GS CONSIDERED F DEATH?
CALC	21A- ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	21B PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or obout 21 C. WHERE DID	(If In Boltimore City,	give exact location)
MEDI	210-TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	While At Not While Work At Work	21F. HOW DID INJ	URY OCCUR?	
	22. I certify that (1) (this hospital) attend	ed the deceased from		910	19
	that (1) (we) last sow the deceased office	on	19ond the	ot In (my) (our) opinion de	ooth occurred on the dote
	and hour and from the couses stated above				
	23A. SIGNATURE	Q An.	nding [7] Med. [7]		ATE SIGNED
	23C. PHYSICIAN'S	DEGREE Phys	. L Director L	Shoff Phys. S	/14/72
	NAME (Type)		3D. ADDRESS		
24	A. BURIAL CREMATION, 248, DATE 24 REMOVAL (Specify)	C. NAME of CEMETERY OF CRE	PROVIDENT MATORY 240. LC	CATION (City, town	or county! (State)
	REMOVAL (Specify)			Baltimore, Mo	
25	A. DATE REC'D BY HEALTH DEPT. 258, NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
		alley KOO 1	Kelson of H	1348 Calhou	
VS	150-REV. 1/1/68				

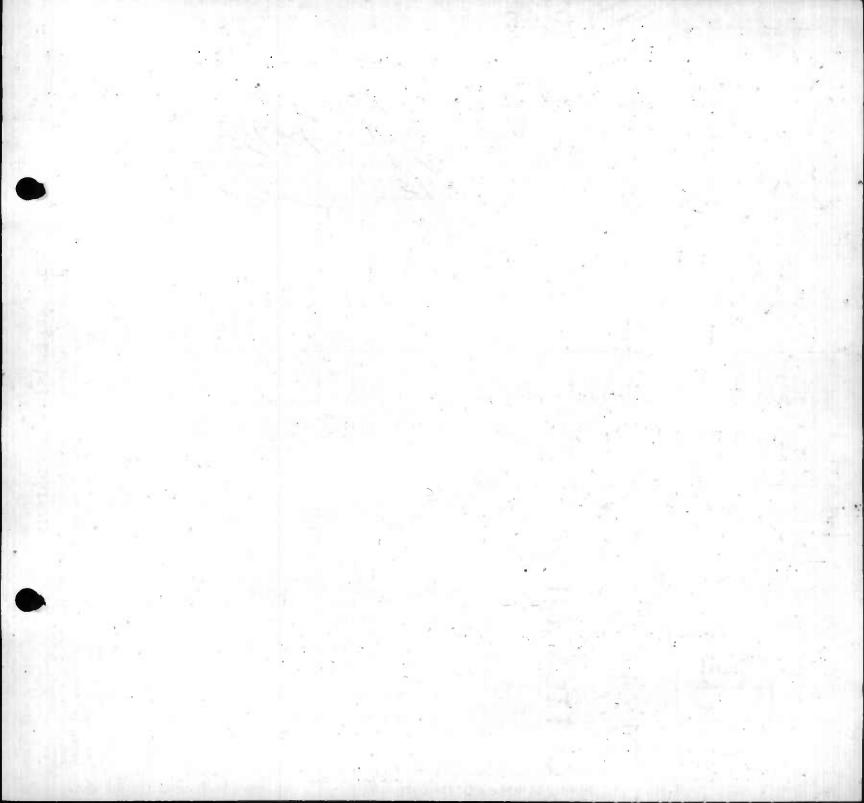
• TOTAL MOTOR MANAGEMENT

CLASSIE STANISH HOSPITAL

FUNERAL DIRECTOR: IMPORTANT

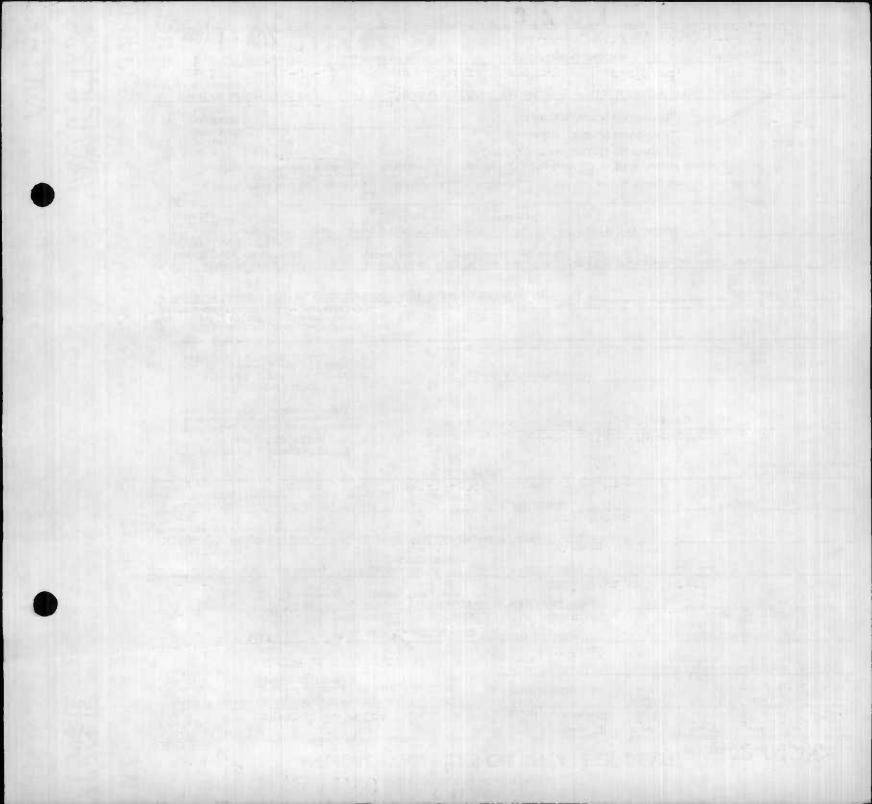
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if deoth occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

	B-1.57	7				H DEPARTMENT			
PID	TH NO.	14	2 04	705 CERTIFIC	CATE	OF DEATH	REG. N	10. 72	34705
	AME OF DECE						D HOUR OF D	DEATH	
(Typ	e or Print)	Henry	Bro	wm		5-1	5-72		м.
		IMORE MARYLAND, W	HERE PRO	NOUNCED DEAD	A. USU	AL RESIDENCE (When	a daceased live	d. If institution:	residence before admission)
HC	LL NAME OF	ADDRESS OR LOCA	AL OR INS	TITUTION, GIVE STREET	CCITY	ORTOWN		D. INSIDE CITY	1 60 0
IN:	NOITUTION	Home Nur	arna	Homo	-	altimore	, i	YES Z	
	90	2005 Der				EET AND NUMBER		163 [2]	1 110
	10	2005 Dei	ITSOII	Street	/(005 Pop	las GF	ROVE	
5. 5	EX	6. RACE	7- MARRI	ED NEVER MARRIED			9. AGE (In year last birthday)		er 1 Yr. If Under 24 Hrs. Days Hours Min.
N	ala i	Negroid	WIDOW	ED DIVORCED	□ 1-1	4-98	74		
10A	USUAL OCCU	PATION (Give kind of work	108, KIND	OF BUSINESS OR INDU	STRY 11. BIRT	HPLACE (State or fore	gn country)	12. CIT	TZEN OF WHAT COUNTRY?
don	e during most of w	rorking life, even if retired)	1100			Va.			U.S.A.
13.	FATHER'S NAM	\E			14. MC	THER'S MAIDEN NA	ME		
15. (Ye:	s, na or unknown)	Ever in U. S. Armed For (If yes, give war ar dote	ces? s of servic			yd Brown-	son 35	536 Whit	e Chaple Rd.
_	no			21507 9 986					
	18.436	219		CAUSE OF D	EATH				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		E OR CONDITION DI	RECTLY		/	11/A			2/
		of mean the mode of	dvina. e	(A) IMMEDIATE		QUENCE OF:			Jarr
	heart failure,	asthenio, etc. It meons plicotion which coused	the diseo		K AS A CONSI	QUENCE OF:			
			deam./	MI	T. R	C. /			11.6
		NTECEDENT CAUSES		(8) Mr	onic y	CEIN Syndr	ome		MUMMOUR
		R CONDITIONS, if above couse (A)			R AS A CON	EQUENCE OF:			
		CONDITION last.	sioning	(C)					
1		11		(-),					
Z	OTHER SIGNIFI	CANT CONDITIONS CO	NTRIBUTIN	IG					
ATIO	TO THE DEATH	BUT NOT RELATED TO T	HE TERMIN.						
10	19A. DATE OF	OPERATION 198. CON	DITION FO	R WHICH OPERATION	20 A	AUTOPSY? (Yes or No	208. IF YES,	WERE FINDING	S CONSIDERED
CERTIFICATION	0	WAS PER	FORMED			No	IN CERTIFYIN	IG CAUSES OF	DEATH?
-	21 A. ACCIDEN	T WAS UNDERLYING		21B. PLACE OF INJURY (a	e.g., in or abou	121C. WHERE DID	(If in 8	laltimore City, gi	ve axoct location)
CAL	DEATH (natify	madical examiner)		atc.)	er amen mag	, INJUNI OCCUR:			
ō	21 D. TIME	(Manth) (Day) (Year)	(Haur)	21 E. INJURY OCCURRED		21F. HOW DID INJ	URY OCCUR?		
ME	OF INJURY				While				
					Wark			do	
	22. I certify	that (1) (this hospital) ottende	d the deceased from	1/2		19 Z/to	2/12	19/2,
. 3	that (I) (was	lost sow the decease	d olive o	n 3/13	1	9.72 ond th	ot in (my) (ou	opinion dec	oth occurred on the date
	and hour and	from the couses sto	ed obove	. (1) (We) (did) (did no					
	23A. SIGNATUI			- 5				23 B. DA	LE SIGNED
	<	- MHATCH	- '	m. O.	Attending [Med.	Staff	157	11.12
	23C. PHYSICIAI	JUNO 1	0.1	DEGREE	Phys.	Director L	Phys.	19/1	10//-
	NAME (Ty		Ha	1+	77	15/1/25	Hote	luna	
		Firi	110		GREE 3/	Theretog	~919r	,	
244	REMOVAL (S		24C	. NAME of CEMETERY of	CREMATOR	and the second second	OCATION	(City, town,	ar county) (State)
	Burial	5-19-	72. N	It. Auburn	Cem.	В	alto. 1	Md.	
25A	. DATE REC'D	BY HEALTH DEPT.	258. NAM	E OF REGISTRAR	25C	FUNERAL DIRECTOR		Lev	ADDRESS
4	10V 1 17 1	072 7.0.05	7 0	MAD O	Ke	9 79 77	1348	Calhou	
۲	150-REV. 1/1/6	JIE JOSEPA 4		2 2 1	0 3	7 0 0	7.19		
+ 3	130-NE V: 1/1/D				-	-			



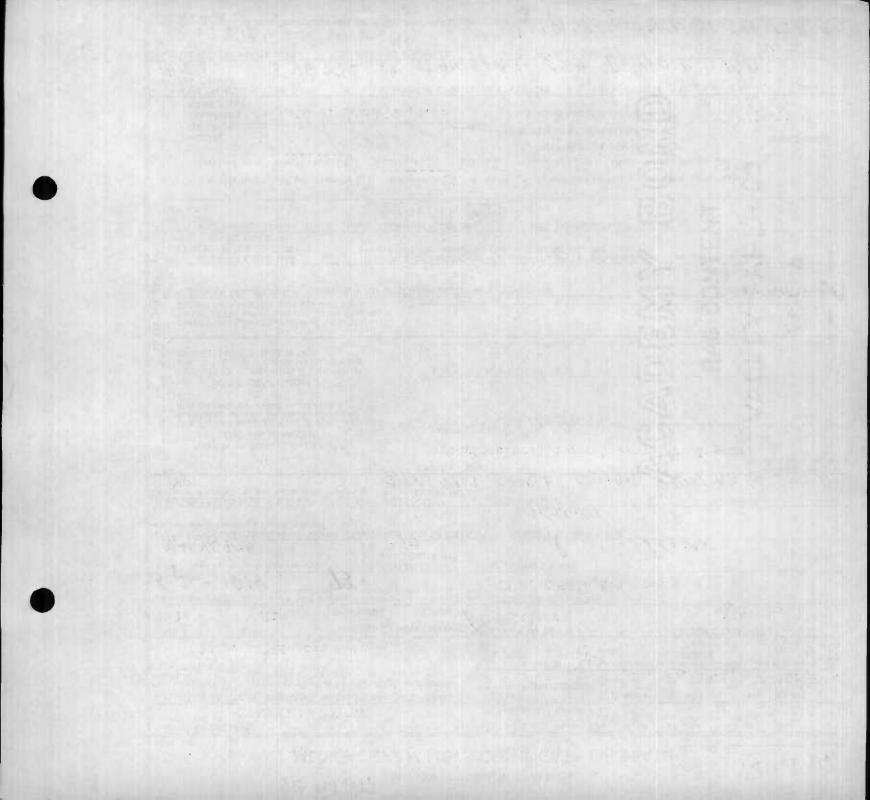
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Min		4706		IMORE CITY H						
111-600	ME	DICAL	EXAM	MINER'S	CERTIFI	CATE OF	DEAT	Ή	40 C	AMIGO
BIRTH NO.								REG. NO.	16	-1116
I. NAME OF DECE					2. DATE	Known 🖾	Manth	Doy	Year	Hour
	Raymond :				DEATH	Estimated	5	15	72	10:10 P.
4. PLACE IN BALTIM	MORE, MARYLAND,	WHERE PRO	NOUNC	ED DEAD	3. DATE		Month	Day	Year	Havr
FULL NAME OF	(IF NOT IN HOSPI	TAL OR INSTIT	TUTION, GI	VE STREET	PRONO	UNCED DEAD	5	15	72	10:10 P.
OR INSTITUTION	Provider					ESIDENCE (Where	dece osed I		nt residence	before odmission)
39	riovidei	it nosp	illai		A. STATE	Maryland		B. COUNTY	/	EDL
6. SEX 7	RACE	8. MARRIE	ED WEY	ER MARRIED	C. CITY OF			D. INSIDE C	ITY LIMITS?	300
36.1		WIDOWE		DIVORCED [Baltimore			ES 🖾	🖂
Male 9. DATE OF BIRTH	Negro 10.AGE	(in years)	Ellodes 1 V	Ve Il Hadas 24 Has	E. STREET	AND NUMBER		1 ,	F2 [-]	ио Ц
6-26-11	last birtho	loy) A	Months Da	ys Hours Min.		1902 Duke	land C	troot		
II. BIRTHPLACE (Stot			2. CITIZE	i i	13. FATHER		Tallu 3	rreer		
				COUNTRY?	IS. PAINER	5 NAME				
Marylan		III (R VINID	OF PHEIN	S.A.	WILE MARIE	Unknown	46			
done during mast of wor	king life, even if retired)	OF BUSIN	E22 OK IMDUZIK	TIS. MOINE					
Unemployed		No				Mary Moor	e			
16. WAS DECEASED (Yes, no or unknown)(If	yes, give war or date	ED FORCES?	17. St	OCIAL ECURITY NO.	18. INFOR	MANT		A	DDRESS	
Yes	WW II			2-16-8776	Luci	11e Moore			Same	
19. 4/	11			CAUSE OF DEA	ATH					PPROXIMATE INTERVAL
DISEASES OR RISE TO THE A	CONDITIONS, IF AN ABOVE CAUSE (A) ST	ATING THE		(B) DUE TO, OR	AS A CONSE	QUENCE OF:				
DISEASE OR CO	CANT CONDITIONS (BUT NOT RELATED TO CONDITION GIVEN IN	OTHE TERMIN	IAL							
20A. DATE OF C	PERATION 208. CO	NDITION F	OR WHICH	OPERATION W	AS PERFORN	ED			21. AUTO	PSY? (Yes ar No)
-16.7										No
22A. EXTERNA UNDERLYING UTING CAUS		22 h	28. PLACE ome, form,	OF INJURY (e.g., lactory, street, office	In ar about 2 ce bldg., etc.)	2C. WHERE DID ((If in Baltima	re City, give ex	oct location)	
OF INJURY (APPROX.)	anth) (Day) (Ye		WHILE AT		WHILE WORK	2F. HOW DID IN	JURY OCC	UR?		
23.	that I held on	Inquiry &		ection Au						
	_				-	and that on th				
resulted	from: Notural co	uses 🗴	Acciden					ned monner		
ACTUAL	11011 20-	^	(I	Deputy (CHIEF MEDICAL E	XAMINER	K		DATE SIGNED
SIGNATURE		M	VI	M.C	ASSI	STANT MEDICAL E	XAMINER			
EXAMINER'	S		0			CIATE MEDICAL E	XAMINER		5	5-16-72
NAME (Typ 24A. BURIAL CREMA		II. Spi	ZAC. NAM	AE of CEMETERY	or CREMATO	PRY 24D. 1	LOCATION	(City, town	, or county) (Stote)
REMOVAL (Specify) Burial	5-20-	72	New	Cathedral	Cemete		1timo	* * * * * * * * * * * * * * * * * * * *	Mary1	
25A. DATE REC'D BY			ME OF RE			UNERAL DIRECTO			DDRESS	
MAY 17	1972 0	353	a Bain			oy 0. Wil		1000 Br	antlev	Ave.
VS 151-REV. 1/1/68		2 41 K (340)	7	13	(A) F3	2 0 1		Kaltin	ore, I	Maryland



72 04707 BALTIMORE CITY HEALTH DEPARTMENT

ВІ	K-220 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.	12 04707
I. (Ty	NAME OF DECEASED of or Print) THADDEUS ROSIAK	2. DATE Known Month Doy	Yeor Hour
4.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH Estimated 3. DATE Month Doy	Yeor Hour
HO	L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION	PRONOUNCED DEAD May 13, 197 5. USUAL RESIDENCE (Where deceased lived. If institution	771,
0	18 N. Collington Avenue	A. STATE Maryland B. COUNTY	603
	Tale 7. RACE 8. MARRIED NEVER MARRIED NEVER MARRIED MIDOWED DIVORCED	Raltimore	ITY LIMITS?
9.1	DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. 10. AGE (In years Months Doys Hours Min. 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. 10. AGE (In years If Under 1 Yr. If Under 1 Yr. If Under 24 Hrs. 10. AGE (In years If Under 1 Yr. If Under 1 Yr. If Under 24 Hrs. 10. AGE (In years If Under 1 Yr. If Under 1 Yr. If Under 24 Hrs. 10. AGE (In years If Under 1 Yr. If Under 1 Yr. If Under 1 Yr. If Under 1 Yr. If Under 24 Hrs. 10. AGE (In years If Under 1 Yr.	. E. STREET AND NUMBER	
11.	BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME ROSIAK	
14A don	USUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS OR INDUSTR during most of working life, even if retired)	15. MOTHER'S MAIDEN NAME	
16. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL SECURITY NO.	18. INFORMANT A	DDRESS
	19. 11. CAUSE OF DEA	CHARLES ROSIAK 830101	AKLEICH RD APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE	osclerotic cardiovascular dise	BETWEEN ONSET AND DEATH
	(Tils does not mean the mode of dying, e.g., heart foilure, osthenio, etc. Il means the disease, injury or complication which caused death.)	AS A CONSEQUENCE OF:	
2	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO, OR	AS A CONSEQUENCE OF:	
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
SERT	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED	21. AUTOPSY? (Yes or No)
	222A. EXTERNAL CAUSE WAS 228.PLACE OF INJURY(e.g.,	In an about 22C WHISPE DID W. C. I.	no
MEDICAL	UNDERLYING OR CONTRIB-	, in or obout 22C. WHERE DID (If In Boltimore City, give exceedings, etc.) INJURY OCCUR?	ct locotion)
_	m. WORK L	22F. HOW DID INJURY OCCUR?	
		ond that on this basis, death in my	opinion
	resulted from: Natural causes X Accident Suici	de Homicide Undetermined monner [
	ACTUAL SIGNATURE M.E.	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
	EXAMINER'S Ronald N. Kornblum, M.D. NAME (Type)	ASSOCIATE MEDICAL EXAMINER	5/14/72
REI	N. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY MOVAL (Specify) 5-16-72 CT STANCE	or CREMATORY 24D, LOCATION (City, town	n, or county) (State)
25	DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR A	DDRESS HOIS
Ma	MAY 1 7 1972 See E. Janes, M.S.	JOHN M WEBER & SONS INC	CHEGTER ST
A 2	ISI-REV. 1/1/6B	3743	

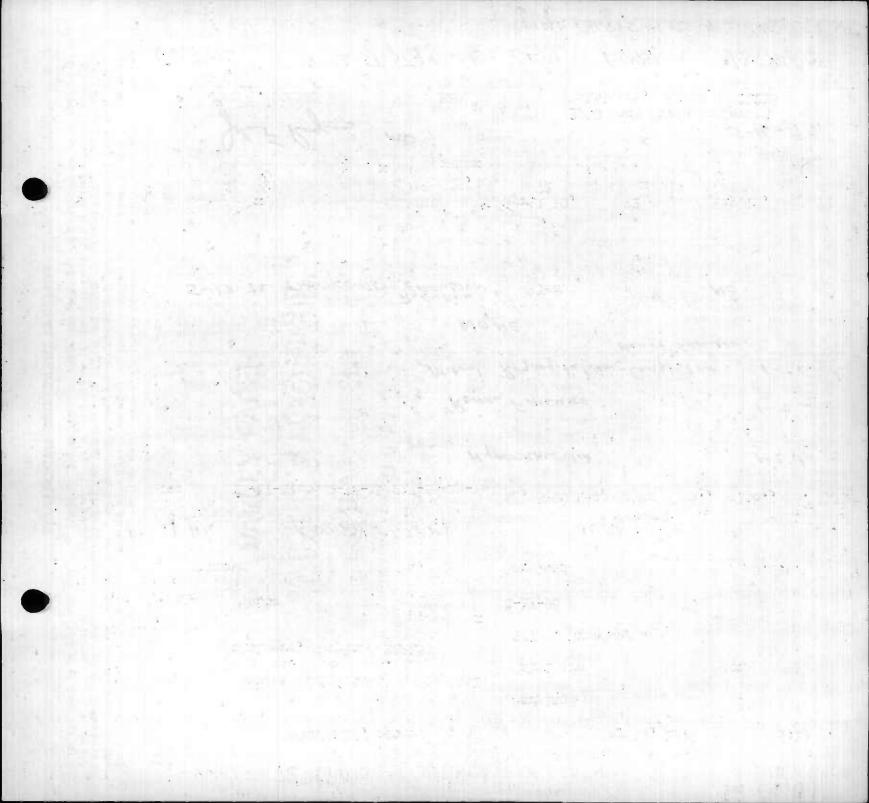


the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

BALTIMORE CITY HEALTH DEPARTMENT

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. NO.			. 0	0

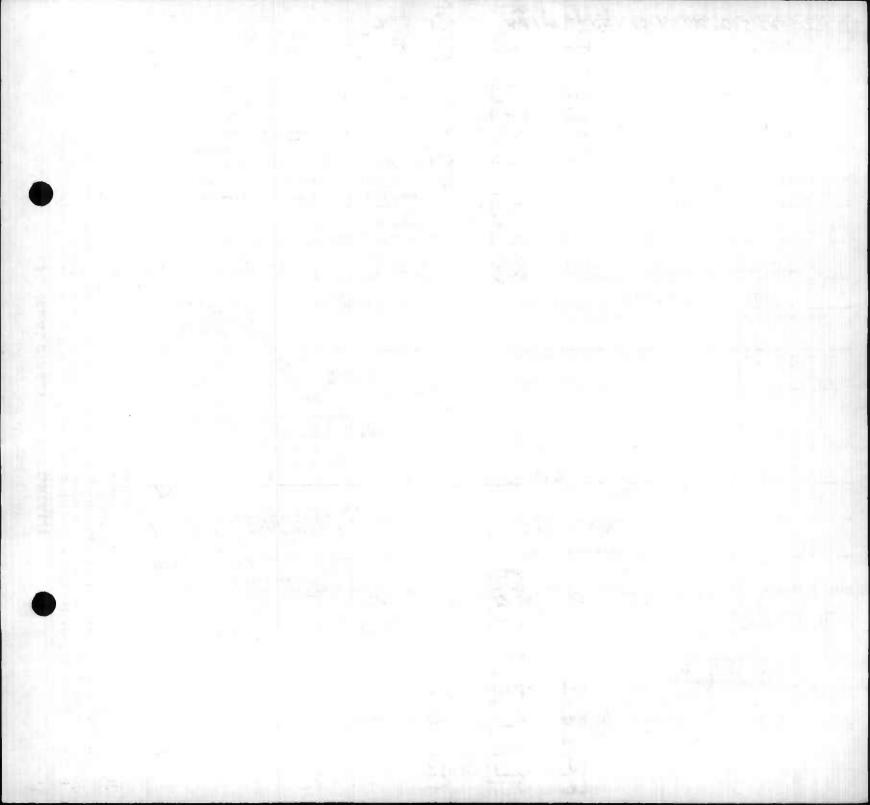
2.6	K-42	0 72 6	1708	CERTIFICA	TE OF D	EATH	REG.	NO	16 0	9700	
	IAME OF DE	CEASED				2. DATE A	ND HOUR OF	DEATH			
(Ту	pe or Print)	KOWAI	ESKI, Pe	ter		M	ay 15, 1	1972		5:15 P.	м.
3.	PLACE IN BA	TIMORE MARYLAND, W			4. USUAL RESI	B. COU	ero doceased li	ved. If in	stitution: rosidor	co belore odmis	ssion)
FU	LL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	TION. GIVE STREET	Maryla		***			002	
HO	SPITAL OR	Veterans Admi	nistrati	on Hospital	C. CITY OR TOV	VN		D. INSI	DE CITY LIMITS	7	-0
	-	3900 Loch Rav			Baltim				YES 🔀	NO 🗌	
	23	Baltimore, Ma			e. STREET AND		wav				
S. :	SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRT		9. AGE (In ye	ors	II Under 1 Y	. If Under 24 Hours M	Hrs.
	Male	White	WIDOWED	DIVORCED	1-17-96			76			
	USUAL OCC	UPATION (Give kind of work	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or fore	eign country)		12. CITIZEN	F WHAT COU	NTRY?
don	Unkr	working lile, even if retired)			Marylan	d			II.	S.A.	
13.	FATHER'S NA				14. MOTHER'S		ME				
	101111	Va		1.1011.		1/1	11/11011				
15.	Wos Deceose	Ever in U. S. Armied For	cos? The	6, SOCIAL	17. INFORMANT	<i>U/</i>)	Records	7	ADI	ORESS	
(Ye	s, no or unknow	(II yos, give wer or dete	s of service)	SECURITY NO.							9.50
	es	111-17-17 to	2-18-18	217-16-13-16	VAH, 390	O TOCII	naven i	Tvu.		•	
	1B. 39	4,41		CAUSE OF DEAT	н					ROXIMATE INTERVEN	
	DISEA	SE OR CONDITION DI	RECTLY	Hy	PERKALE	MIA			1-	· Z day	5
	heort foilure	not meon the mode of osthenia, etc. It means	the disease,	(A) IMMEDIATE CA	A CONSEQUENCE	OF:	04000000000000000000000000000000000000				
0	injury or co	mplication which coused	deoth.)	D					,	- Z mos	
		ANTECEDENT CAUSES		(B) KENA	94 FAILL	CRE			/	- mos	-
	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the UNDERLYING CONDITION lost. (C) DUE TO, OR AS A CONSEQUENCE OF: (C) The training that icm - Congestive										1.
		G CONDITION lost.		(c) 11 ITral	Kegurg1	tation	1- 601190	2-5714	e 1	- 2 mon	145
		II					Heart	FAIL	URE-		
ATION		FICANT CONDITIONS CO		No	NE						
CAT	DISEASE OR	CONDITION GIVEN IN PAR	T 1 (A).	100000000000000000000000000000000000000		Ma /V	-V 000 te Na				****
ERTIFI	2-	F OPERATION 19B. CON	FORMED	PLEURAL	20A. AUTOPS		IN CERTIFY	ING CAL	JSES OF DEAT	H?	
CER		Z-72 THOR	ACENTIS 218.1	PLACE OF INJURY (e.g.,	Yes	A STATE OF THE PARTY OF THE PAR	(If Is	Boltimore	City, give exo	ct location)	_
CAL	OR CONTRIB	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID homo, lorm, foctory, street, office bldg., INJURY OCCUR? ofc.) (If In Boltimore City, glace)									
MEDI	21 D. TIME OF INJURY	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21 F. H.	OW DID IN	JURY OCCUR	2			
Z	(APPROX.)		While	Not Whi	10						
	22. 1 certify	that (DC(this haspital				0,	1972 ta		May 15.	19.72	
) last saw the decease			19.72						
		d from the causes sta						doi, apii	nan deam oc	Con ea an me	date
	23A. SIGNAT		red dodve. (17	(wa) (qiq) XQXQX QQX)	view the bady d	mer deam.			23B, DATE SIG	SNED	
		() ED	, ,		ending M	ed.	Shaff Phys.				
	23C. PHYSICI	your logo	5	DEGREE Phy	23D. ADDRESS					-72	
	NAME	ype)		100	230. ADDRESS	-			oulevard	_	
0.4	JU I	HN F. ROGERS	lava NA	MU DEGREE					nd 2121		
24/	REMOVAL	Specify) 248. DATE	24C. NA	ME of CEMETERY of CR	EMATORY	24D. I	LOCATION	(C)	ty, town, or cou	inty) (Sto	ole)
25	DATE RECT	BY HEALTH DEPT.	72 5T	STANISHAU	5 CEM	AL DIRECTO	UNPAC	K	MAR	VA NO	
	MAY 17	1972 Palent &	, Vaidley	M.P.	LOHN MA	WEBER	450NS	ING 4	1015.CH	ESTER	ST
VS	150-REV. 1/1.	/6B	7 /	2 0	3/1	0 5	1 7119 11	<i></i>	7		-



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
This c the b shows was l

Released by Medical Examiner

1/			BALTIMORE CITY	HEALTH DEPARTMENT					
1 - 42	0 12	0470	\wedge		REG. NO.	22 6/100			
BIRTH NO.			CERTIFICA	TE OF DEATH	NEO. 110	17 1119			
I. NAME OF DE	CEASED			2. DATE	AND HOUR OF DEAT	н			
(Type or Print)	Mary Kowalews	ki		1	-13-75	Cy Fr			
	LTIMORE, MARYLAND, W		INCED DEAD	4 USUAL RESIDENCE (W	here decented fined if	- Pin M			
		THERE ! NOTIO	JII CLO DLAD	A. STATE B. CO	UNTY	institution: residence before admission)			
FULL NAME O	F (IF NOT IN HOSPIT	AL OR INSTITU	JTION, GIVE STREET	Maryland		2605			
HOSPITAL OR	ADDRESS OR LOC.	(NOITA		C, CITY OR TOWN	D IN	ISIDE CITY LIMITS?			
Baltimo	re City Hospi	tals				YES NO			
	stern Avenue			E. STREET AND NUMBER		153 KA NO			
		2122	Λ			23224			
5. SEX	re, Maryland			345 Folcroft	Street	21224			
2. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. II Under 24 Hrs. Months Days Hours Min.			
Female	Caucasian	WIDOWED	DIVORCED	12-15-1885	1011	Total Survey of the survey of			
IOA, USUAL OC	CUPATION (Give kind of world	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE ISlote or fo	oteign country)	12. CITIZEN OF WHAT COUNTRY?			
done during most o	f working life, even if retired)			Annual III	,	is on the country			
HOUSE	VIFE			Poland		USA			
13. FATHER'S NA	WE			14. MOTHER'S MAIDEN N	AME				
111111111	PIADVALLE	41		114110 410 . 1					
FURAS/	11011101151	1	1/ 20011	UNKNOW	/				
Yes, no or unknow	d Ever in U.S. Armed Form) lif yes, give war or date	s of Bervice)	SECURITY NO.	17. INFORMANT	4940 Easter	n Avenue DRESS			
NO				BCH: RECORDS	Baltimore,				
118, 4//	A 400 A		214-01-0744D CAUSE OF DEAT						
7/(1,4		CAUSE OF DEAT	able of	36-13°,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
DISEA	LSE OR CONDITION DI	RECTLY		1200	200				
499.4	LEADING TO DEATH		(A) IMMEDIATE CAL	ISE TAOB A /	1. I				
(This does	not mean the mode of , asthenia, etc. It means	dying, e.g.,		A CONSEQUENCE OF:	**********************	***************************************			
Injury or co	mplication which caused	death.)							
1	ANTECEDENT CAUSES								
			(8)						
DISEASES	OR CONDITIONS, if	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:					
INDEDIVIN	he above cause (A)	stoling the							
ONDERLIN	G CONDITION IGSL		(c)			***************************************			
7									
OTHER SIGN	IFICANT CONDITIONS CO	NTRIBUTING							
▼ DISEASE OR	CONDITION GIVEN IN PAR	T 1 (A).	****************			***************************************			
U 19A DATE O	F OPERATION 198 CON	DITION FOR V	HICH OPERATION	20A. AUTOPSY? (Yes or	No 208 IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?			
C C C C C C C C C C C C C C C C C C C	WAS PERI	FORMED		NO	IN CERTIFYING C	AUSES OF DEATH?			
U 21A ACCIDI	ENT WAS UNDERLYING	218.	PLACE OF INJURY (e.a. I	or obout 21 C. WHERE DID	lif in Boltim	ore City, give exoct location)			
OR CONTRIE	UTING CAUSE OF	home	form, factory, street, of	fice bldg., INJURY OCCUR?	h m comm	and and exect tecoresi			
0	y medical examined	etc.)							
OF INJURY	(Year)	(Hour 21E	INJURY OCCURRED	21F. HOW DID IN	HJURY OCCUR?				
OF INJURY		Whi	e At Not While						
		Worl	At Work	LJ		12			
22. I certif	y that (1) (this hospital) attended th	e deceased from	N 3-13-72	_19to	19_72_			
) last saw the decease		-13	1972and s					
		d dilat ou				oinion death occurred on the data			
and hour or	nd from the causes stat	ed above. (1)	(We) (did) (did not) v	lew the body after death	•				
23A. SIGNAT	URE					23B, DATE SIGNED			
	Eli Timpll, !	M.D.		the second secon					
22C PHYSICI		1 3	DEGREE Phys		Staff Phys.	May 13, 1972			
NAME (Туро	1	10	30. ABORISIMORE C	ity Hospital	S			
	1-7-1	imul				nore, Maryland 21224			
4A. BURIAL CR	EMATION, 1248, DATE	124C. N.A	ME of CEMETERY OF CRE						
REMOVAL	EMATION, 248. DATE	240.147	or order of OKE	240.	LOCATION (C	City, town, or county) (State)			
BURIAL	5-17-1	12 401	YROGARY	CEM D	UNDALK	M.D.			
SA. DATE REC'	BY HEALTH DEPT!	25B. NAME O	F REGISTRAR	25C. FUNERAL DIRECTO	OK THEFT	ADDRESS			
MAY 1 F	1972 Robert !	C. Ja Ba	And -	10/11/11/10 1 /-	ED IL	110 110 1 1 1110 0 15			
/S 150-REV. 1/1.		NAME OF STREET	769 0	JUN11911. WEB	K +50 NS 11	NC. 4015, CHESTERST			
	/6 R		P A W		1				



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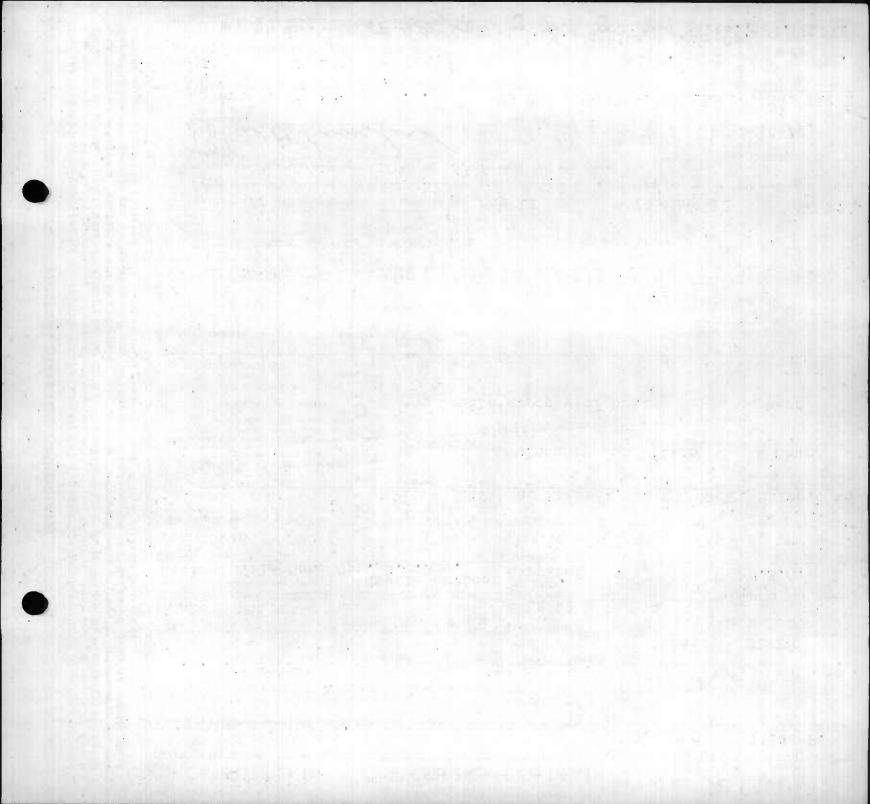
BALTIMORE CITY HEALTH DEPARTMENT

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REG. NO.	16	11/2	11	E.
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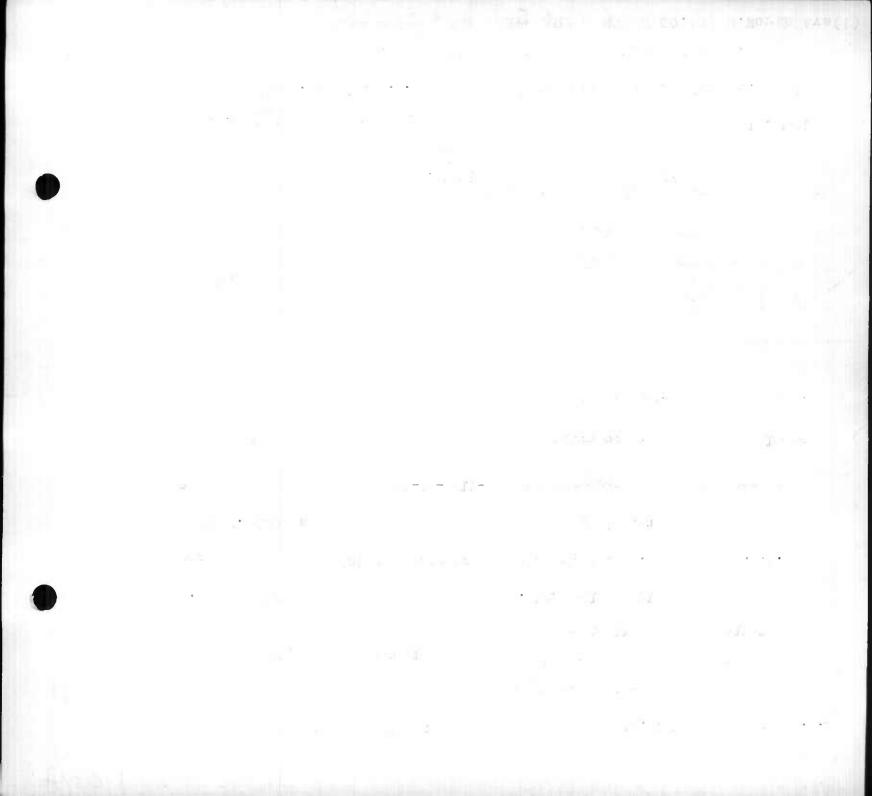
BIRTH NO.	C CALTO		CERTIFICA	TE OF DE	ATH	·				
I. NAME OF DEC	EASED				2. DATE AND HOUR OF D	EATH				
(Type or Print)	WENS, Fred	т			May 12, 19	72 111	L:38 P. M.			
3. PLACE IN BAL	TIMORE MARYLAND, W	HERE PRONO	INCED DEAD	A. STATE	B. COUNTY					
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA	AL OR INSTITU	JTION, GIVE STREET	Maryla c. CITY OR TOW		. INSIDE CITY LIMITS	5?			
U.S. F	'HS HOSPITAI			Baltim E. STREET AND	ore	YES 💽	NO			
1X					ntpelier STr	eet 21	.218			
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRT	H 9. AGE (In yours	If Under 1 Months Doy	Yr. If Under 24 Hrs.			
Male	White	WIDOWED	DIVORCED	4-18-9						
	working life, even if retired)		vil Service U.S.Gov.	Balto. Maryla			S.A.			
13. FATHER'S NA	-			14. MOTHER'S A	MAIDEN NAME					
John Ow	ens .			Mamie	Williams					
15. Wos Deceosed (Yes, no or unknown	Ever in U. S. Armed For-	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		AD	DRESS			
°No		231	215 44 017	Med Re	cords, US PH	S HOSP, E	Balto., Md			
18.514	XI		CAUSE OF DEAT	H			PPROXIMATE INTERVAL			
DISEA	LEADING TO DEATH	RECTLY		Pulmon	any congesti	on 6	hours			
heart failure,	LEADING TO DEATH (This does not mean the made al dying, e.g., hearl failure, asthenia, etc. Il means the disease, injury or camplication which caused death.) (A) IMMEDIATE CAUSE Pulmonary congestion 6 hours (A) IMMEDIATE CAUSE Pulmonary congestion 6 hours									
	ANTECEDENT CAUSES	deam.	Senile	atroph	y of brain	V	ears			
DISEASES	OR CONDITIONS, if	any, giving	DUE TO, OR AS	A CONSEQUENCE	E OF:					
	e above cause (A) G CONDITION last.	stating the	(6)							
TO THE DEAT	FICANT CONDITIONS CO TH BUT NOT RELATED TO TO CONDITION GIVEN IN PAR	HE TERMINAL	***********	******	***************************************					
	OPERATION 198. CON	1? (Yos of No) 20B. IF YES, YES, YES	WERE FINDINGS CO	NSIDERED TH?						
OR CONTRIBL	NT WAS UNDERLYING TING CAUSE OF	21 B. hom otc.	PLACE OF INJURY (e.g., i e, form, foctory, street, o	n or obout 21 C. WI ffice bldg., INJURY	HERE DID (If in B	oltimore City, give ex	oct locotion)			
Q 21 D. TIME	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21 F HC	W DID INJURY OCCUR?					
OF INJURY	twomin (Doy) (100)		ilo At Not Whil	• 🗖	W DID INJURY OCCUR.					
			ne deceased fram M		19 72 to M		19 72			
that (1)/(we)	last saw the decease	d alive an]	May 12	197.2	and that In (phy) (au	r) apinian death a	ccurred on the date			
and haur an	d fram the causes stat	red gbave. ((We) (did) (d/d/not)	lew the bady at	fter death.					
23A. SIONATI	rend to the	unes	1.20 Ph.		ed. Staff Phys.	238. DATE SI	6-72			
23C. PHYSICIA	IN'S		UEUREE	23 D. ADDRESS		0-1				
Robe	rt H. Kirso	chner,	M.D. DEGREE	US PHS	HOSPITAL, Ba	ltimore,	Md. 21211			
	MATION, 248, DATE		AME of CEMETERY OF CR		24D. LOCATION	(City, town, or co				
Burial	5-17-	72 Ne	w Cathedral		Balto.		Md.			
25A. DATE REC'D	BY HEALTH DEPT.	258. NAME C		25C. FUNERA		111111111	ADDRESS			

VS 150-REV. 1/1/88 17 1972 1 Page 87 Jakes NO.

H. W. Jenkins & Sons Co. Md. 21212



VS 150-REV. 1/1/68



an the Such

		BALT	IMORE CITY	HEALTH DEPARTMENT	,					
			TIFICA	TE OF DEATH	REG. NO.	72 04712				
	(Ty	PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAL	aym	ond 5	HOUR OF DEATH	3 13 10 A.M.				
	FU	ILL NAME OF OSPITAL OR INSTITUTION, GIVE ADDRESS OR LOCATION)		4. USUAL RESIDENCE (Where deceased lived, II institution: residence below admis A. STATE R. COUNTY 2/202						
-	1	lorth Charles Seneral Ho:	5.0.	BOLTIMORE E. STREET AND NUMBER		YES NO [
	5. 5	Male White WIDOWED DIV	ORCED	8. DATE OF BIRTH	AGE (In yours ast birthday)	If Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min.				
	R	LUSUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS Of eduring most of working life, even if retired) otired-Mach. Operator, J. W. Dorm FATHER'S NAME		11. BIRTHPLACE (Stale at forois) Maryland		12. CITIZEN OF WHAT COUNTRY?				
		Andrew Taylor		14. MOTHER'S MAIDEN NAM Gertrude	O'Day					
	Yos	Wes Deceased Ever in U. S. Armed Farces? s,no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY 18-07-	NO.	Mes.Edith R.	Taylor, 161	ADDRESS 21202 St.Paul St.				
		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	OF DEATH	P 1		BETWEEN ONSET AND GEATH				
		(This does not mean the made of duties as (A)IM/	CONSEQUENCE OF:	not evigori	for when					
		rise to the chove course (A) station the	Chrone to, or as a	ne usemio a consequence of: my tract in	faction	ne (years.				
	ATI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	טרען ל	thomant to	inphores	nde				
	RTIF	19A-DATE OF OPERATION 198. CONDITION FOR WHICH OPERA WAS PERFORMED	TION	20A. AUTOPSY? (Yes or No)	20R IF YES, WERE FIN	DINGS CONSIDERED				
	CALC	DEATH (natify medical examined etc.)	IJURY (e.g., in ry, street, offi	or about 21 C. WHERE DID	(If In Boltimare C	City, give exect lacotion)				
	ME	21D. TIME (Manth) (Doy) (Year) (Haur) 21E INJURY OCC OF INJURY (APPROX.) While At Wark	Nat While At Work		RY OCCUR?					
	1	22. I certify that (I) (this haspital) attended the deceased that (I) (we) last saw the deceased alive on	15	1972 and that	tototin(my) (our) opinio	5-15 19 72 in death occurred on the date				
		23A. SIGNATURE Salvactor Called March M. 1				R DATE SIGNED				
		23 C. PHYSICIAN'S NAME (Type)	DEGREE Phys.	Director P	noted the second	5/15/72.				

25A. DATE REC'D BY HEALTH DEPT.

2 Lorraine
256, NAME OF REGISTRAR
Washe E. Jakon

Park

24C, NAME OF CEMETERY OF CREMATORY

SATHERAKU

24B. DATE

5/17/72

25C, FUNERAL DIRECTOR

Cemetery

Woodlawn, Balto. Co., Md

(Stote)

ADDRESS MOWEN CO.108 W. North

24D. LOCATION

VS 150-REV. 1/1/68

24A. BURIAL CREMATION, REMOVAL (Specily) Burial

The second secon THE AREA TO DESCRIPTION OF A STATE OF THE PARTY OF THE PA

BALTIMORE CITY HEALTH DEPARTMENT

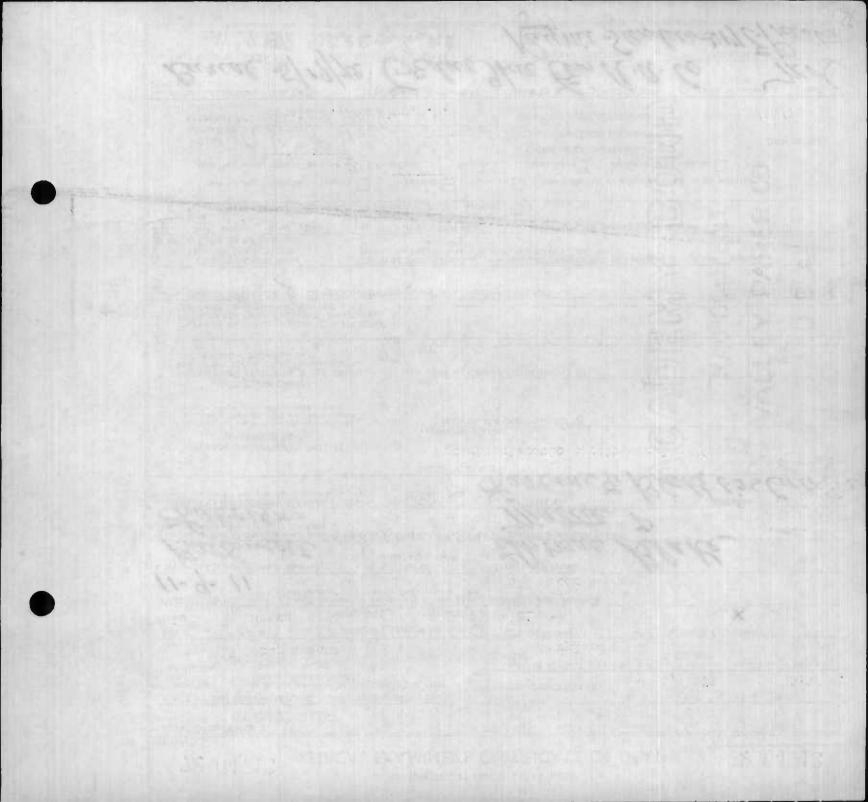
72 04713

VS 151-REV. 7/1/68

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	~13	1		. 1.		
H DEC NO	16	-11	6.5	1.	i di	1

BIR	TH NO.		MED	ICAI	L EXAMINER 3	CEKTIF	ICATE OF	DEAT	REG. NO.	16	312 / 14)
1. 1	NAME OF DEC					2. DATE	Known 🗌	Manth	Doy	Year	Hnur	
LIAB	e or Print)	NORMAN	BLAH	Œ		OF DEATH	Estimated					M.
1					RONOUNCED DEAD	3. DATE	UNCED DEAD	Month	Doy	Yeor	Hour	
HOS	NAME OF	ADDRES	S OR LOCA	TION)	STITUTION, GIVE STREET		RESIDENCE (When	May 14		: casidansa h		5 A _M .
	62	5 Cator	Avenu	ie		A. STATE	Maryland		B. COUNTY		701	iidii j
6. 5		7. RACE		8. MARI	RIED NEVER MARRIED	C. CITY O			D. INSIDE CI	TY LIMITS?		-
	le	Negr	0	WIDON	WED DIVORCED	Balti	more		YE	s 🗵	NO 🗆	
9. 0	1- 9-		10. AGE (In last birthday	years () 60	Months, Days, Haurs, Min.		Cator Ave	nue				378
11, 1	BIRTHPLACE (S	tate or foreign	country)		12. CITIZEN OF	13. FATHE	NAME	h	2 11			
	Bali	emi	ME		WHAT COUNTRY?	Th	imas	121	ake			
dane	Muring prostof y	Orking life eve	n Ifretired)	14B. KINE	O OF BUSINESS OR INDUSTR	Y 15. MOTH	ER'S MAIDEN NA	ME 🤝				
<	> Cel	200	0	CORCE	50 117 50 5144	1//	alle	1-				
(Yes	NAS DECEASE na ar unknown)	(If yes, give wo	or or doles	of service	S? 17. SOCIAL SECURITY NO.	18. INFOR	Hyma &	= R	Paris AC	DDRESS	Jox X	20
	9	2.11			CAUSE OF DEA	TH	Wilke J	1 ACIL	ECALP C		PROXIMATE IN	
	DISEASE	OR CONDIT	IIO N DIREC	TIY	Arteri	oscler	otic cardi	ovascu]	lar dise	ase	EEN ONSET AN	ID DEATH
		EADING TO			(A)IMMEDIATE							
	heart failure,	at mean the n asthenia, etc. i plication which	It means the	diseose,		AS A CONSE	QUENCE OF:					
		ITECEDENT C	AUCCC							1 8		
	DISEASES C	R CONDITIO	NS. IF ANY	, GIVING	(8)DUE TO, OR	AS A CONSI	QUENCE OF:					
	UNDERLYIN	G CONDITIO	SE (A) STAT ON LAST.	ING THE								
Ó.					(c)							
CC) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No)												
RT					FOR WHICH OPERATION W	AS PERFOR!	MED			21, AUTO	PSY? (Yes or	No)
	0									no		
읽	UNDERLYING		RIB-		228. PLACE OF INJURY(e.g., home, lorm, foctory, street, offic	in or obaut e bldg., etc.)	22C. WHERE DID	(If In Baltimore	City, give exac			
	UTING LI CAL	JSE OF DEAT Manth) (Da) (Hou	r) 22E, INJURY OCCURRED		22F. HOW DID IN	HIPV OCCII	D2			
	OF INJURY (APPROX.)			(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	WHILE AT NOT	WHILE		JOK! OCCO	N.			
	13. 1 certi	fy that I ha	lden 1r	nquiry [Inspection X Au	tepsy 🔲	end that on t	his basis.	leath in my	ninian		
	result	ed from: Na		_	Accident . Suicio				ed menner	7		
		2	1		1/,1		CHIEF MEDICAL E					
	SIGNATU	RE /	md/	11	M.D	ASS	ISTANT MEDICAL	XAMINER	×		DATE SIGN	ED
	EXAMINE NAME (T)	R'S RO	nald N	I. Ko	rnb1um,M.D.		OCIATE MEDICAL E	XAMINER		5/1	14/72	
24A	BURIAL CREM	ATION. 24	B. DATE	,	24C. NAME of CEMETERY	er CREMATO	DRY 240.	LOCATION	(City, town,	or county)	(State	2) /
KEN	OVAL (Specify	00 -	5/19	7/70	(St day	9200	(Sun)	1.1.	6	,	WO	1
25 A	DATE REC'D	BY HEALTH DI			IAME OF REGISTRAR	250	FUNERAL DIRECTO	DB-	AD	DRESS -	10	
	MAY	17 19	12 Pa	Beef &	E. Faiber M.D.	1/2	eyner c	Sana	lere 3	17/	1400	tox



100 0 A 1514 8

12 19/14 BALTIMORE CITY HE	ALTH DEPARTMENT	
1) -650 MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG. NO. 76	2 04714
BIRTH NO.	REG. NO.	V C/ Y / 1 C4
1. NAME OF DECEASED	2. DATE Known 🔼 Month Day Year	Hour
(Type or Print) WILLIAM DOERING	DEATH Estimoted May 10, 1972	11:00 P.M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year	Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD May 10, 1972	11:00 P. _{M.}
Bon Secours Hospital	5. USUAL RESIDENCE (Where deceosed lived. If Institution: residence A. STATE B. COUNTY	te before odmission)
Bon Secours nospital	Maryland /	703
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS	17
Male White WIDOWED DIVORCED	Baltimore YES X	NO 🗆
9. DATE OF BIRTH 10. AGE (in years If Under 1 Yr. If Under 24 Hrs. I under 1 Yr. If Under 24 Hrs. Months Days Haurs Min.	E. STREET AND NUMBER	
6/6/1900 last birthday) Manths Days Haurs Min.	1822 W. Pratt Street	
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF	13. FATHER'S NAME	
Momenta and WHAT COUNTRY?	Charles Dooring	
Maryland U.S. A. I 4A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	Charles Doering 15. MOTHER'S MAIDEN NAME	
done during most of working life, even if retired)		
Clothing Cutter	Jennie Stockett III. INFORMANT ADDRESS	4007 W
(Yes, no or unknown)(it yes, give war or dates of service) SECURITY NO.		1823 W.
218-09-2041		APPROXIMATE INTERVAL
19. 4 / A + 1	105	ETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	rotic cardiovascular disease	
LEADING TO DEATH (A)IMMEDIATE C		
heart lailure, asthenia, etc. It means the disease,	AS A CONSEQUENCE OF:	
Injury or complication which caused death.)		
ANTECEDENT CAUSES (8)		
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
Z (c)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AU	TOPSY? (Yes or No)
		No
22A EXTERNAL CAUSE WAS 228. PLACE OF INJURY (e.g.,	in or about 22C. WHERE DID (II in Baltimare City, give exact location	
O INDEDIVING TOP CONTRIB. home, farm, lactory, street, office	e bidg., etc.) INJURY OCCUR?	''
UTING CAUSE OF DEATH. 2 22D. TIME (Manth) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
OF INTHIBY	WHILE -	
(APPROX.) m. WORK AT W	VORK	
23.		
I certify that I held on Inquiry Inspection X Au		
resulted from: Natural causes X Accident Suicid		
	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE harls rungatemo	ASSISTANT MEDICAL EXAMINER	OAIL SIGNED
EXAMINER'S Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER May 11	, 1972
NAME (Type)	- 1147	,
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, town, or coun	ity) (Stote)
Burial 5/15/1972 Mt. Olive	t Baltimore, Mary	heef
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS	a cara
MAY 17 1972 Robert & Jauben M.D.	G Marrie Gala 3 GE 40	Ave
	G. Truman Schwab 3512 Free	derick AV
VS 151-REV. 1/1/68	0/0/	1.

Termination with the state of t Silvery PATENTIALS IN STREET TO SEE THE SECOND

VS 151-REV. 1/1/68

The second paper to the second paper than the TANTE OF BUILDING TO SELECT THE SECOND SECON manufacture approximation

B-650 72 04716 BALTIMORE CITY HEALTH DEPARTMENT

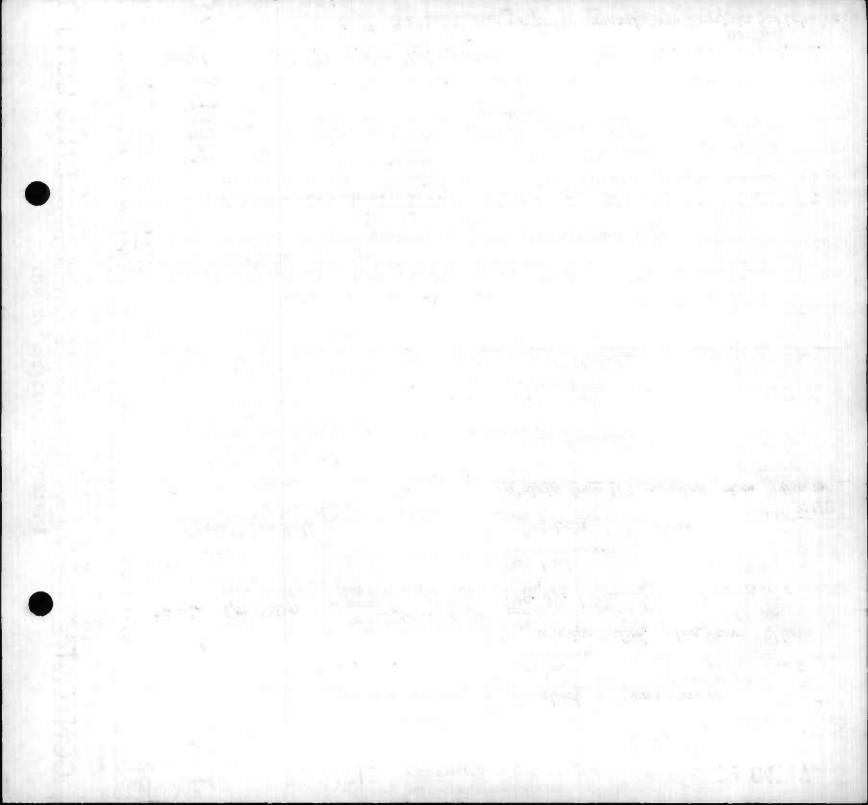
1			WED	ICAL	EX	AMINER'S	CE	RTIFI	CAI	E OF	DEAT	H REG. N	10	0.1	10
	RTH NO.														
1. (Ty	NAME OF DEC pe or Print)	EASED		PHOM/			2.	OF DATE		vn 🗆	Month	Doy	Yeor	Hour	
Ľ.				S/BRO				DEATH	Estin	noted 🗆					М.
	PLACE IN BAL						3.	PRONO	INCED	DEAD	Month	Doy	Yeor	Hour	
HC	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) DR INSTITUTION										5 e deceased li	14 ived. If institu	1972	7 p	M.
	38 Ur	niversi	ty Hos	pital				STATE	Md.		621	B. COUNT			,
6.	SEX	7. RACE		B. MARRI	IED 🔣	NEVER MARRIED	☐ C.	CITY OR	TOWN			D. INSIDE	CITY LIMITS?		
	male	white		WIDOW		DIVORCED				Toppa			YES 🗀	NO DK	
	July 16		10. AGE (In lost birthdoy			er 1 Yr, If Under 24 H ; Doys , Hours , M ! ! !		STREET			Kex xpalm:	xx 12	40 Plaz	za Ci	rcle
	BIRTHPLACE (S		n country)		12. CII	IZEN OF	13	. FATHER						-	
	Kentuc				WI	HAT GOUNTRY?		Co	org	e Br	OWn				
144		~	kind of work	AB. KIND		JSINESS OR INDUS	TRV 15					_		-	
dor	e during most of w	vorking life, ev	en ifretired)				1								
_	onstruc					sulation	110			· SK	ipwor	th	ADDRESS TO	200 200 40	R/I al
(Ye	WAS DECEAS	(If yes, give w	or or dotes	of service)		7. SOCIAL SECURITY NO.		. INFOR		α D.		7210	ADDRESS		
-	no		1/		10	218-46-07 CAUSE OF D		LII	ida (G. B.	rown,	1240	Plaza	PROXIMATE	
	27	1201	X					ound	of al	hdomo	n with	narfo			AND DEATH
		E OR COND		CTLY											
(This does not mean the mode of dying, e.g., heart foilure, asthenio, etc. It means the disease, injury or complication which coused death.) of liver, aorta, duodenum and cecum (A)IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:															
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO, OR AS A CONSEQUENCE OF:															
,	LINDERLYIN	NG CONDITI		ING INE		(c)									
<u>င်</u>			11			(0)									
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No.) Yes UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., in or obout 100 per 100 p															
										s or No)					
										00					
										00					
	(APPROX.)	5/3/72	9:	30 P.		ORK A	OT WH	K K	SI	hot s	elf in	ahdom	nen		
I certify that I held an Inquiry Inspection Autopsy and that an this basis, death In my apinion resulted from: Natural causes Accident Suicide Hamicide Undetermined manner										-					
ACTUAL SIGNATURE EXAMINER'S CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER															
									DATE SIG	GNED					
L	NAME (T		Russe	11 S.	. Fi	sher, M.D.		ASSC	CIAIE	MEDICAL	EAMMINER		5-15	-72	
24	A. BURIAL CREAMOVAL (Speci	MATION, 2	4B. DATE		24C.	NAME of CEMETE	RY ar	CREMATO	ORY	24D.	LOCATION	(City,	town, or county) (s	lote)
L	Buri	al M				Trinity	Lut	hera	n Ce	emete	ery,	Joppa	Harfo	rd,	Md.
25	A. DATE REC'D					F REGISTRAR		25C.	FUNERA	L DIRECT	OR		ADDRESS		
	MAY 1	7 1972	Robert	230	e.Bo	, M.D) (Ho	war	d K.	McCo	mas,	Abingdo	on, M	1d.
VS	151-REV. 1/1/68	M/ G	P 173 14	1		1/4		J	1	i					7

6-5-1972 - Completion of cause of death on a pending medical examiner death certificate

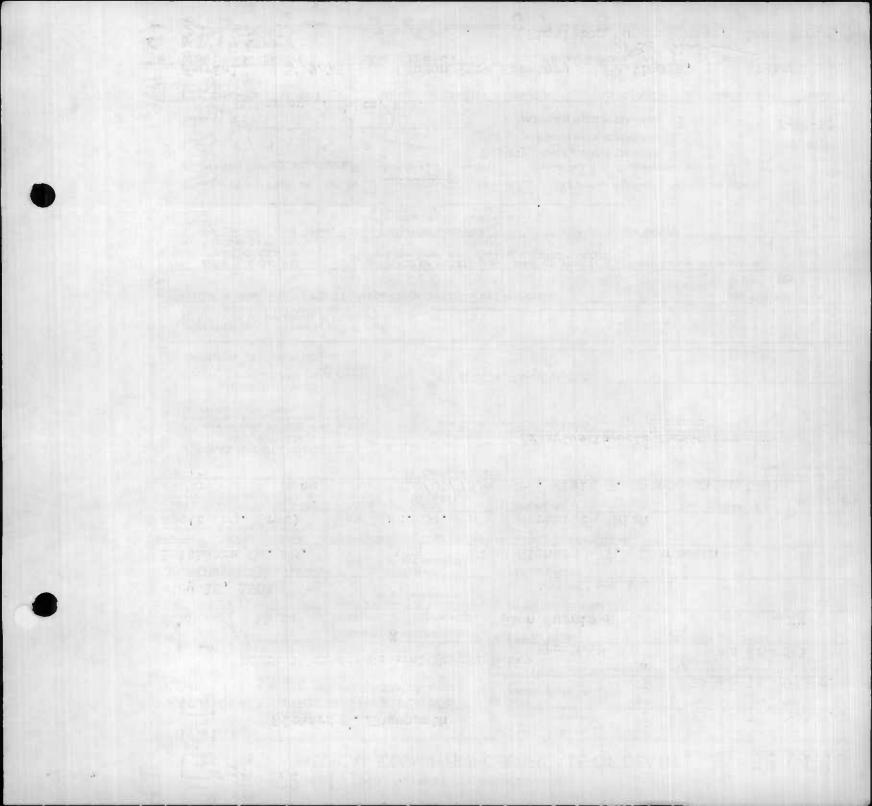
Unpended - 6/2/72 Russell S. Fisher, M.D.

HRS

	1/ 11	1		BALTIMORE CITY	HEALTH DEPARTMENT		
1	1-40	7-2595672	04717	CERTIFICA	TE OF DEATH	X REG. NO	72 04717
BIRI	H NO. 6	7-25956		CERTITION			
	e ar Print)				2. DATE	AND HOUR OF DEATH	0.00
3. 1	ACE IN BAL	Susan Hall	WERE RRONOL	INCED DEAD	THE HISHAL RESIDENCE IW	5/14/72	ostitution: residence before admission
		THE PARTY OF THE P	HERE PROMO	DRCED DEAD	A. STATE B. COL	MIY	
FUL	L NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	UTION, GIVE STREET	Maryland	Anne Arun	del 5200
INS	TITUTION				C. CITY OR TOWN	D. INS	IDE CITY LIMITS?
	- 17	Mercy Hosp	ital, In	ic.	Pasadena		YES NO X
	51				E. STREET AND NUMBER	0.	6 11.11
5 6		6. RACE	To a		103 Jackpine	Unive, Pine	Grove Village
F	emale	Caucasian	WIDOWED		Dec. 19, 196	9. AGE (In years last birthdoy)	If Under 1 Yr. If Under 24 Hrs Manths Days Haurs Min.
		JPATION (Give kind of work working life, even if refired)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY
	one	Molecular Mine a contract			Manuland		USA
13. F	ATHER'S NAM	ME			Maryland 14 MOTHER'S MAIDEN N	AME	US/I
		11/ 11/1					
15 V	Vas Decared	oll Lee Hall	cos?	II 6. SOCIAL	Patricia	Rowe	A - D - C - C - C - C - C - C - C - C - C
(Yes,	no or unknown)	Ever in U. S. Armed For Uf yes, give war or date	s of service)	SECURITY NO.	17. INFORMANT		ADDRESS 21122
	No			No	Patricia Rowe	103 Jackpin	e Drive Pasadena
	18. 4.9	3 /1		CAUSE OF DEAT	H		APPROXIMATE INTERVAL
		E OR CONDITION DI	RECTLY				
		LEADING TO DEATH		(A) IMMEDIATE CAL	ISE CARDIOLESP	IRATORY AR	REST 20 MIN
	heart failure.	of mean the mode of asthenia, etc. It means	the disease.	DUE TO, OR AS	A CONSEQUENCE OF:		***************************************
	Injury or com	plication which caused	death.)				
		ANTECEDENT CAUSES		SEVER	E RESPIRAT	URY DICTR	ESS 2 DAYS
	DISEASES O	R CONDITIONS, IF	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	V 13/1	
	ise to the above cause (A) stating the UNDERLYING CONDITION last. (C) STATUS ASTITUM ATICUS						
	ONDERLING						
Z	OTHER SIGNIE	II ICANT CONDITIONS CO	NITPIRITING				
5	TO THE DEATI	H BUT NOT RELATED TO T	HE TERMINAL	Appalapanapan ya 1944 1944 1944 1944 1944 1944 1944 194			
		ONDITION GIVEN IN PAR OPERATION 198. CON	DITION FOR V	VHICH OPERATION	20A. AUTOPSY? (Yes of	Nol 208, IF YES. WERE	FINDINGS CONSIDERED
	0	WAS PERI	FORMED		N.	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
2	A ACCIDEN	TING CAUSE OF	218.	PLACE OF INJURY (e.g.,	n at about 21C. WHERE DID	(If In Baltimor	e City, give exact location)
AL	DEATH (notify	medical examined	home elc.)	e, form, fociory, street, o	fice bidg, INJURY OCCUR?		
MEDICAL	21D. TIME	(Month) (Day) (Year)	(Hour 21E	INJURY OCCURRED	215 140111 212 11	LUISK OCCUPA	
ME	TRULINI TO	tivionini (buy) (reon		le At Not While	21F. HOW DID IN	CORT OCCOR?	
	(APPROX.)		Worl	k L Al Wark			,
2	22. I certify	that (1) (this hospital) attended th	e deceased from	5/14	19 72 to	1972
		last saw the decease		5/14			nion death occurred on the date
	and hour and	from the causes stat	ed abave. (1)	(We) (did) (did not)	iew the bady after death		
	3A. SIGNATU		4	~ (we) (did) (did ilot) (iew the budy diter death	•	23B, DATE SIGNED
	1,0	B. L	Lung	M. D. AHO	nding Med.	Sheff	5/41/50
	COUNTRIAL	mes or	ground	OEGREE Phy		Phys.	5/14/12
	NAME (Ty	(pe)	V		23D. ADDRESS		
		Eugenia	B. IItzu	rrum M D DEGREE	Mercy Hospita	1.	
24A.	REMOVAL (S	MATION, 24B DATE		ME of CEMETERY of CRE			ly, lown, or county) (State)
	Burial	5/18/5	72 Cod	ar Hill (emet	enu CI	en Burnie A	- A . I I M)
25A.		BY HEALTH DEPT.	258 NAME O	F REGISTRAR	25C. FUNERAL DIRECTO	or Durile, M	D ADDRESS
	MAY 17	1972 Palacie	- Falle	ADD O O	Mass. II. E	neral Home Me	Pasadena
VS 1	50-REV. 1/1/6	8	1 /		13 Church W	HERAL TOME !!	ountain A Lick Nec



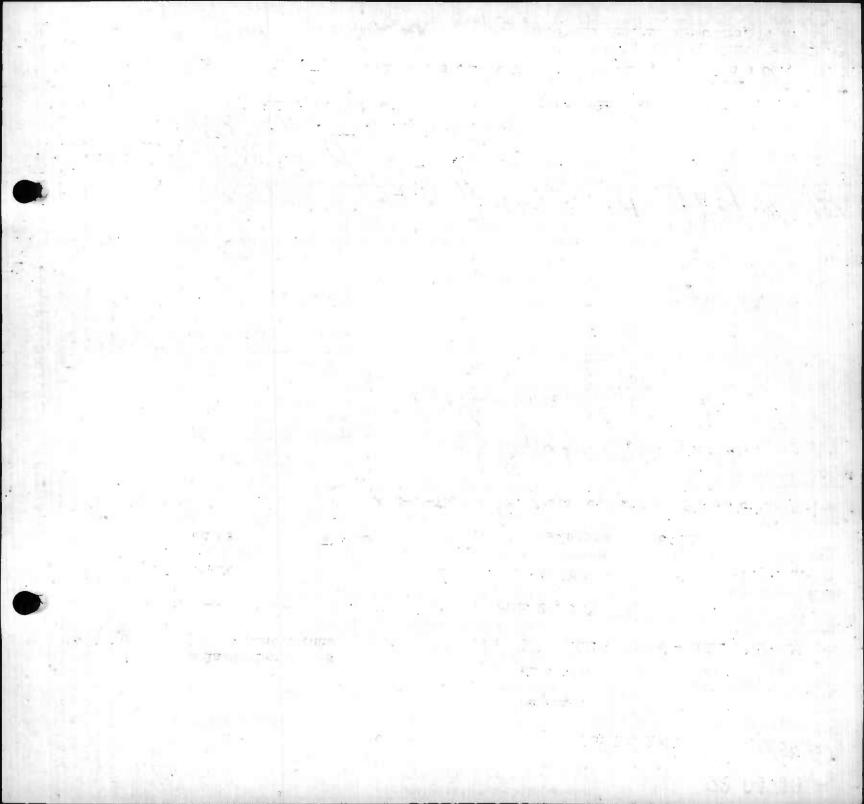
0 530 72 0	14718 B	ALTIMORE CITY HE	ALTH DEPAR	TMENT		4			
ME	DICAL EXA	AMINER'S	ERTIFIC	CATE OF	DEATH	REG. NO.	72	04718	3
BIRTH NO.						KEG. NO			_
I. NAME OF DECEASED (Type or Print) Richa	rd E. Cher	oweth	2. DATE OF DEATH	Known 🔀	Month 5	Doy 15		10ur 5:15 P. 1	M.
4. PLACE IN BALTIMORE, MARYLAND FULL NAME OF HOSPITAL ADDRESS OR LO	PITAL OR INSTITUTION		3. DATE	NCED DEAD	Month 5	Doy 15		lour	44
OR INSTITUTION		ral Hospita	A. STATE	SIDENCE (Where	deceased live	d. If Institution:	residence beli		141.
6. SEX 7. RACE	8. MADDIED A	NEVER MARRIED	C. CITY OR	aryland TOWN		D. INSIDE CIT			-
Male White	WIDOWED	DIVORCED	Glen	Burnie a		VE	s No	KX.	
9. DATE OF BIRTH May 10, 1902 10. AGE 10.	(In years If Unde day) Months	T 1 Yr. If Under 24 Hrs. Doys Hours Min.		ND NUMBER 00 Milton	Avenue		- C		
Baltimore Co. Md.	WH	ZEN OF AT COUNTRY? JSA		nard T.		oweth			
14A.USUAL OCCUPATION (Give kind of wording done during most of working life, even if refire	d)								
Ass't Eng. (ret) 16. WAS DECEASED EVER IN U.S. ARM	Gas&Elec	Se LO.	Mari	2	Rich	AD	DRESS		_
(Yes, no or unknown) (Il yes, give wor or dot	es of service)	**************************************		Viòla G.	Chape		(wife)	Same	as
19. 4		CAUSE OF DEA		ATOTO G	LHEIL	MECH	APPRO	DXIMATE INTERVA	
DISEASE OR CONDITION DI	PECTIV						BEIWEE	N ONSET AND DE	AIR
LEADING TO DEATH				erioscler	otic ca	rdiovas	cular		
(This does not mean the made of heart failure, asthenia, etc. It means injury or complication which caused	the disease.	DUE TO, OR	S A CONSEQU	JENCE OF:	dis	ease			
ANTECEDENT CAUSES									
DISEASES OR CONDITIONS, IF A	NY, GIVING	DUE TO, OR	AS A CONSEC	UENCE OF:					
I I INDERLYING CONDITION LAST	i.	(c)							
OF II	Act training to								_
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION GIVEN IS 20A. DATE OF OPERATION 20B. C	TO THE TERMINAL								
20A. DATE OF OPERATION 20B. C	ONDITION FOR WI	ICH OPERATION W	AS PERFORM	ED			21. AUTOPS	Y? (Yes or No))
								lo	
UNDERLYING OR CONTRIB- UNDERLYING CAUSE OF DEATH.	home, ic	ACE OF INJURY (e.g., orm, loctory, street, office	tn or obout 22 e bldg., etc.)	URY OCCUR?	(II in Boltimore	City, give exac	ct location)		
OF INJURY		INJURY OCCURRED	WHILE -	F. HOW DID IN	JURY OCCU	R?			_
(APPROX.)	m. WOI								
I certify that I held on		nspection K Au		ond that on I			-		
resulted from: Notural o	Acc	ident Suicid				ed monner L	J		
ACTUAL MA 1	(1)		_	THIEF MEDICAL I		N N	D	ATE SIGNED	
SIGNATURE EXAMINER'S	MAN	M.D	•	CIATE MEDICAL I		7	5	5-16-72	
NAME (Type) Werner I	I. Spitz. M	l.D.							
REMOVAL (Specify)	E 24C.1	NAME of CEMETERY	or CREMATO	RY 24D.	LOCATION	(City, town	, or county)	(State)	
Burial 5/19 25A, DATE REC'D BY HEALTH DEPT.	/72 L	oudon Park		UNERAL DIRECT	altimo		Maryl	and	
	18 E 4 A	AA.		onlebon i	MAI	aller		Burnie,	М
VS 151-REV. 1/1/68	7 3 4	2. 0							=



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such a hospital and deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in IMPORTANT FUNERAL DIRECTOR:

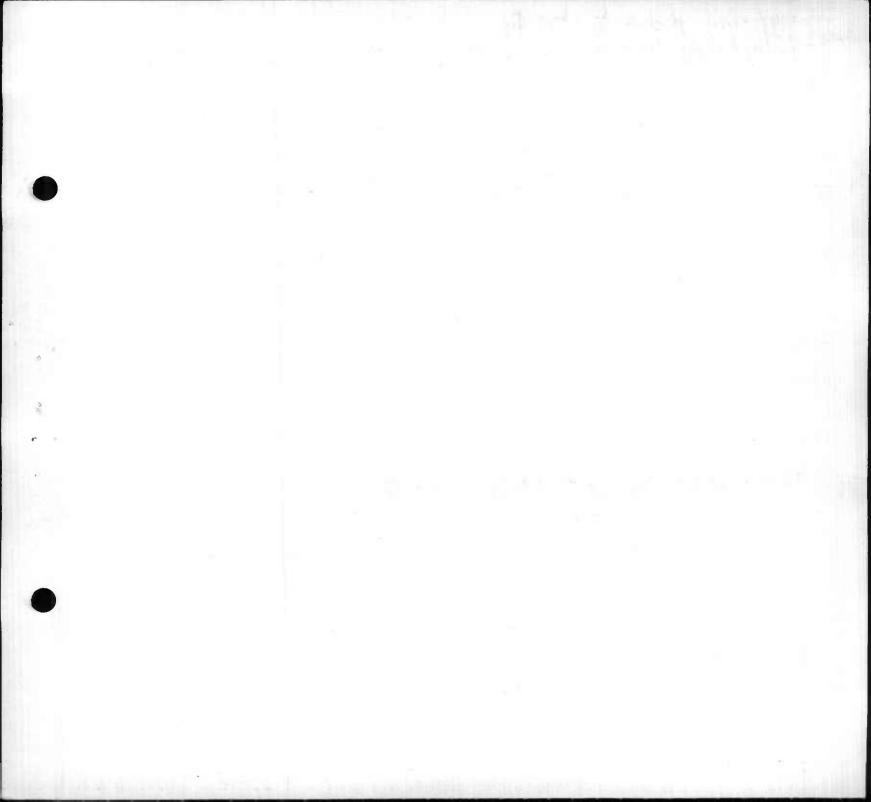
M-261		THEALTH DEPARTMENT REG. NO.	72 04719
BIRTH NO. 1. NAME OF DECEASED Type of Point Irene	Mc Grover	2. DATE AND HOUR OF DEATH May 14, 1972	450P
3. PLACE IN BALTIMORE, MARYLAND, W	THERE PRONOUNCED DEAD AL OR INSTITUTION, GIVE STREET ATION)	4. USUAL RESIDENCE (Where deceased lived. If in the state B. County Maryland	institution: residence before admission)
Roland View Towe		C. CITY OR TOWN Baltimore E. STREET AND NUMBER	SIDE CITY LIMITS? YES NO
3838 Roland Aven		3838 Roland Avenue - 1	
Female White	WIDOWED DIVORCED	June 26, 1891 9. AGE (In years last birthday) 80	If Under 1 Yi. If Under 24 Hrs Months Doys Haurs Min.
10A. USUAL OCCUPATION (Give kind of warl done during mast at wasking life, even if retired) Housewife	10B, KIND OF BUSINESS OR INDUSTRY	New York	U. S. A.
James	Brooks	14. MOTHER'S MAIDEN NAME Katherine McGil	1
S. Wos Deceased Ever in U. S. Armed For Yes, no or unknown) of the None	ces? 16. SOCIAL SECURITY NO 082-28-7359 I	Mr. Frederick Maples 3	730 Lochearn Drive
DISEASES OR CONDITIONS, iI rise to the above couse (A) UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS COUSE TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION GIVEN IN PAIR 1944. DATE OF OPERATION 1985. CON	Staling the (C)	20 A. AUTOPSY? (Yes of No) 20B. IF YES, WERE	FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CON WAS PER	21B. PLACE OF INJURY (e.g., home, form, factory, street, c	in or about 21 C. WHERE DID (If In Baltims	AUSES OF DEATH? are City, give exact location)
DEATH (nglify medical examiner) 21D.TIME (Month) (Day) (Year) OF INJURY (APPROX.)	(Hour) 21E, INJURY OCCURRED While A1 Not White A1 Work		N
23A. SIGNATURE	ed alive are May (did not)	ending Med. Shaff	Inlan death accurred an the da
NAME Type William	G.Heldrich RAC. NAME OF CEMETERY OF CR	5006 Roland Avenue	City, town, or county) (State)
Burial 5/17/19	72 Holy Cross Cem	etery Brooklyn, 250. FUNERAL DIRECTOR 8728 Liber	Kings Co., N.
MAY 17 1972	M 3. A	Loring Byers Funeral Dir	rectors, P. A.

VS 150-REV. 1/1/6B



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	M-125 -000	1000	BALTIMORE CITY	HEALTH DEPARTMENT	> 100	0.042300
BIR	11-635 72 0	4 /2(CERTIFICA	TE OF DEATH	REG. NO.	2 04720
	AME OF DECEASED	\		3.	D HOUR OF DEATH	
3,	PLACE IN BALTIMORE, MARYLAND, W	VHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. It institutions	residence before admission
HC	LL NAME OF (IF NOT IN HOSPIT SPITAL OR ADDRESS OR LOC.	TAL OR IN	STITUTION, GIVE STREET	MA:	11	1602
IN	Bon Secon	-s h	Lospital	E. STREET AND NUMBER	Med. YES	_
1	54			518 N.C.	. 4	
5. 5	EX 6. RACE	7- MARR	IED NEVER MARRIED	8. DATE OF BIRTH		der 1 Yr. II Under 24 Hrs Doys Hours Min.
101	Note Degro	WIDOW		12-07-16	55	
	. USUAL O CCUPATION (Growkind of work of during most of working life, even if retired)	W W	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Slote at forei	gn country) 12. CI	TIZEN OF WHAT COUNTR
13.	FATHER'S NAME			14. MOTHER'S MAIDEN NAM	ME	NS PC
	Wm. Marta	0		Flan	Bar. K	
15. (Yes	Was Deceased Ever in U. S. Armed For i, no or unknown) (If yes, give wor ar date	ces? es ol servic	1 6. SOCIAL SECURITY NO.	17. INFORMANT	1	ADDRESS
			220-03-1980	GENEUR MO	12 ton - 193-W	Sountres
	18. / 6-2 / 1		CAUSE OF DEATH			APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIS LEADING TO DEATH	RECTLY		D. A	and the same	SETWEEN ONSET AND DEATH
	(This does not mean the made of	dying, e	(A) IMMEDIATE CAU	SE Bromchogome C	ancunoma	4/9-72
	hoort failure, asthenia, etc. It means injury ar complication which caused	the disec	ise,	CONSEQUENCE OF:		
	ANTECEDENT CAUSES					
	DISEASES OR CONDITIONS, if	any, giv	ing (B)	A CONSEQUENCE OF:		
	rise la lhe abave couse (A) UNDERLYING CONDITION last	sloling	(c)			
	II.		(0/	******************************		
ATION	OTHER SIGNIFICANT CONDITIONS COI TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION GIVEN IN PAR	HE TERMIN	IG AL	**************************************		***************************************
RTIF	19A-DATE OF OPERATION 19B. CON WAS PERF	FORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	208. IF YES, WERE FINDING IN CERTIFYING CAUSES OF	S CONSIDERED DEATH?
CALC	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natily medical examines)		21 & PLACE OF INJURY (e.g., in hame, form, loctory, street, all etc.)	or obout 21 C. WHERE DID	(fi in Bollimore City, gi	ve exoct location)
EDI	21D. TIME (Month) (Doy) (Yearl	(Hour)	21E, INJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?	
2	(APPROX.)		While At Work Not While At Work			
	22. I certify that (1) (this hospital			10/7 1	9 12 10 5/15	19 22
	that (1) (we) last saw the decease			/ ^	t in (my) (our) spinion dec	
	and have and from the causes stat	ted above	. (1) (We) (did) (did not) vi			
	23A. SIGNATURE	Wan	vara .		23B. DA	TE SIGNED
	MASAHIRO S	HS-AW	ARA GEGREE Phys.	ding Med.	Staff Phys. 2	115 12
	23C-PHYSICIAN'S NAME (Type)		2	3D. ADDRESS		,
244	BURIAL CREMATION, 24B, DATE REMOVAL (Specily)	SUG- 240	AWA PA GEGREE	B. S. H	Balto . M.	10/24222 or county) (Stote)
1	JUVIA 519-1	72	prier Man	PAVK hn	wol War	1 and
25A	DATE REC'D BY HEALTH DEPT.	258. NAN	F OF REGISTRAP	25C. FUNERAL DIRECTOR	4 0110	ADDRESS



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

	M-135 72 04725 BALTIMORE CITY HEALTH DEPARTMENT
	BIRTH NO. CERTIFICATE OF DEATH
	1. NAME OF DECEASED (Type or Print) 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH 5 / 11 / 72 12 - 45 P M. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE IWhere deceased fived, It institutions residence before admission. A. STATE B. COUNTY
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) IIF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. GITY OR TOWN BAIT MORE YES NO E. STREET AND NUMBER
	LUTHERAN HOSPITAL 30 N. CAREVST./LINCOIN MEM. N.H. 5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 8. DATE OF BIRTH 9. AGE lin yeors 11 Under 1 Yr. 11 Under 24 His. Months: Days Hours Min.
	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. SIRTHPLACE (State of Loseign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	Thomas Wonack Catherine Donnek [5. Wos Deceased Ever in U. S. Armed/Farces? 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS ADDRESS
	CAUSE OF DEATH
	(This does not meen the mode of dying, e.g., heal failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (A)IMMEDIATE CAUSE P N SD M CAUSE DUE TO, OR AS A CONSEQUENCE OF:
	DISEASES OR CONDITIONS, il any, giving DUE TO, OR AS A CONSEQUENCE OF: rise to the above couse (A) steling the UNDERLYING CONDITION lost. (C)
	O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20B. IF YES, WERE FINDINGS CONSIDERED
	WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?
Ш	O 21A, ACCIDENT WAS UNDERLYING 21B PLACE OF INJURY ISON in or obout 21C, WHERE DID (If In Boltimare City, give exact location)
	DEATH (natify medical examines) etc.] etc.] DEATH (natify medical examines) etc.] etc.] etc.] OF INJURY OCCURED While At Not While At Wark At Wark
	22. I certify that #(this hospital) attended the deceased from \$7.5 19.72 to 5.72 to 19.72 to 19.72 and that (May) last saw the deceased alive an 5.72 and that in (may) (aur) apinion death accurred on the date and haur and from the causes stated above. ##(We) (did) (did not) view the body after death.
	23A. SIGNATURE Attending Med. Shoff Director Phys. S/11/72
	23C. PHYSICIAN'S NAME ITYPE) SEIN LWIN DEGREE LUTHER AN HOSPITAL.
	24C. NAME of CEMETERY OF CREMATORY 24D/LOCATION (City, town, or county) (Stote) DUV 1 A 5 - 9 12 Ut A UM DA 6 F. REGISTRAR 128C. FILMERAL DIRECTOR

Robert E. Farber, M.D. VS 150-REV. 1/1/68

150/ 3/11/5 3/11/5 Mest.

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	D 711		HEALTH DEPARTMENT		
	D-324 72 047	22 CERTIFICA	TE OF DEATH	REG. NO.	72 04722
	Type or Print	1: 10 1	2 DATE AND	HOUR OF DEATH	
3	L PLACE IN BALTIMORE, MARYLAND, WHERE PE	ONOUNCED DEAD	4. USUAL RESIDENCE (Where	deceosed lived. If instit	viione residence before admission)
11.8	ULL NAME OF (IF NOT IN HOSPITAL OR II	NSTITUTION, GIVE STREET	MARULAND	BALTIMO	re, 1301
4	PROVIDENT HAS	OHOL INC	C. CITY OR TOWN		CITY LIMITS?
	2600 Liberty Heir	hts	E. STREET AND NUMBER	. 9	E3 NO
5.	SEX 6. RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH 19	AGE (In years	Under 1 Yr., Il Under 24 Hrs.
	MIDO WIDO	WED DIVORCED THE	1-26-16"		Annths Days Hours Min.
di	OA. USUAL OCCUPATION (Give kind of work 10B, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole of foreig		2. CITIZEN OF WHAT COUNTRY?
1 4	EATHER'S NAME	5.00 Clork clop	10 A HIMDY E.	Md	425
	Charles E. Kido	/	Ene and the Name	La 11	
15(1)	. Was Deceased Ever in U. S. Armed Forces? es, ng of unknown) (II yes, give wor or dates of Serv	16.SOCIAL ice) SECURITY NO.	17. INFORMANT	1241	ADDRESS
	100	219-10-9621	Mr. Alfred D. R	Idgley (Broth	er) 947 Brooks La
	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEAT	Н	4	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A) IMMEDIATE CAU	SE Hypo volem	c Shock	
	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the distinjury or camplication which caused death.)	e.g., DUE TO, OR AS	A CONSEQUENCE OF: Blue	ding Groph	agra (varies
	ANTECEDENT CAUSES	101 Prohus	4 611 hl	udmes	
	DISEASES OR CONDITIONS, il ony, gi	ving DUE TO/OR AS	A CONSEQUENCE OF:	- corresp	A
	UNDERLYING CONDITION lost	(c) Jona	l curtinis	, chr. ale	o ho ha
NO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG			
CAT	TO THE DEATH BUT NOT RELATED TO THE TERMIT DISEASE OR CONDITION GIVEN IN PART 1 (A).	**************	I20A Alleganory	008	
CERTIFICATION	WAS PERFORMED		20A. AUTOPSY? (Yos or No)	IN CERTIFYING CAUSE	S OF DEATH?
CALC	OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., ir homo, farm, loctory, street, oll elc.)	or about 21 C. WHERE DID	(II In Bollimore Ci	ty, give exoct location)
MEDI	21D.TIME (Month) (Day) (Year) (Hour) OF INJURY	21 E. INJURY OCCURRED	21F. HOW DID INJUI	RY OCCUR?	
~	(APPROX.)	While At D Not While At Work	'O		
	22. I certify that (I) (this hospital) attend that (I) (we) last saw the deceased alive	Z.2ta	5/16 1972		
	and haur and from the causes stated above		low the boar often don't	In(my) (aur) apinior	death accurred on the date
	23A. SIGNATURE	4.0	iew the body diter death.	231	B. DATE SIGNED
	M. P. Combater	DEGREE Phys.		off D	5/16/72
	23C. PHYSICIAN'S NAME (Type)	M.D.	PROCLIDENT	1405 P	21. 1/2
24	A BURIAL CREMATION, 24B. DATE 24	C. NAME OF CEMETERY OF CRE	MATORY 24D. 100		own for county) (Stole
1	Durist 5-8-72	Habitus 1	lem, 1K DA	Itimore.	Maryland
25	MAY 17 1972 Callery See NA	ME DE REGISTIAN	25C. FUNERAY DIRECTOR) # FI	1701- AMINO
VS	150-REV. 1/1/68		TO TOTAL TE	yeu ""	100-10-10-10-0

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VS 151-REV. 1/1/6B

Bureal 5/25 at pt Palescy AND THE SOLVENIES OF THE SAN

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such written approved must be obtained before the remains are embalmed or final disposition is made.	
This certificate muthe body was relesshows: (1) An accidance was D.O.A. at a hadecased prior to written approval	

1 05	1) 72 ()4724	BALTIMORE CITY	HEALTH DEPARTMENT		AO CAMON
BIRTH NO.	0		CERTIFICA	TE OF DEATH	REG. NO	72 119 729
1. NAME OF DEC	CATHERII	Æ A.	DIXON	2. DATE May	AND HOUR OF DEATH	5:15 P.
3. PLACE IN BAL	TIMORE, MARYLAND, V	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (VA. STATE B. CO	Where deceased lived. If	institution: residence before odmission)
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	Maryland		2003
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOC	AΠON)		C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
	337 S. Pay	son Str	reet	Baltimore E. STREET AND NUMBER		YES X NO
00	Baltimore			337 S. Pays		
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF SIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.
Female	White	WIDOWED		8-27-1878	93	
	UPATION (Give kind of wor working life, even if retired)	10B, KIND OF	8USINESS OR INDUSTRY	11. SIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY
Homemake	r			Maryl	and	U.S.A.
13. FATHER'S NA	ME	1		14. MOTHER'S MAIDEN	NAME	
John	Kaler Kaler			Elizabeth	Schmidt	
S. Wos Deceosed	Ever in U. S. Armed Fo	rces? es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS 21043
No	, , , , ,		216-10-2502	Dr. John J.	Cadden, 314	6 Paulskirk Rd.
18	2414-5	X.B.	CAUSE OF DEAT	H		APPROXIMATE INTERVAL
DISEA	SE OR CONDITION DE	RECTLY			~ 0.10	SETWEEN ONSET AND DEATH
	LEADING TO DEATH	1000	(A) IMMEDIATE CAL	A CONSEQUENCE OF:	Les GV.P	Boys
heCERIJE	SATUR "APPROVE	LANDA COLO	DUE TO, OR AS	A CONSEQUENCE OF:		
finiury of con	prication which cave	death.)c		4 4 4 4		
	ANTEGEDEN! LAW	16.5	(8)	seculity		
	BR CONDITIONS, EXP	any, giving	DUE TO, OR AS	A CONSEQUENCE OF		
	rise to the abave couse (A) stating the UNDERLYING CONDITION lost. (C)				when	
	II		(-/	/ /		
O OTHER SIGNI	FICANT CONDITIONS CO			hip frecture	, Right	5 mo
▼ DISEASE OR C	TH BUT NOT RELATED TO CONDITION GIVEN IN PA	RT 1 (A).		/		
19A. DATE OF	F OPERATION 198. CON WAS PER	IDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes of		E FINDINGS CONSIDERED AUSES OF DEATH?
U 21 A. ACCIDE	NT WAS UNDERLYING			n or obout 21 C. WHERE DIE		ore City, give exact location)
DEATH (notif)	medical exominer	etc.		737	5 Par	2003
21 D. TIME	(Month) (Doy) (Year)	(Hour) 21 E	INJURY OCCURRED		INJURY OCCUR?	
OF INJURY	12-12-72	Wh	ile At Not While	· 🗷 2.11	1 1	
22 1				1011	at home	A
ZZ. I certify	rhar (I) (mis nospira	++ attended t	he deceased from	2077	1977 ta	foul 1972 Dinian death accurred an the dat
						pinian death accurred an the dat
		ited abave. (1) (We) (did) (did nat) v	lew the bady after dea	th.	
23A. SIGNATU	HH B		AH	ending Med.	Shelf [7]	23B. DATE SIGNED
	DINIII	rycus	DEGREE Phy		Staff Phys.	15 May 78
NAME (AN'S Type) Herman H	. Baylus		23D. ADDRESS 1600 Wilker	ns Avenue, Ba	1to., Md. 21223
24A. BURIAL CRE	MATION, 248, DATE	24C. N	DEGREE AME of CEMETERY of CR	EMATORY 324E	D. LOCATION	City, town, or county) (State)
Buria1	(Specify) 5-17-1		idon Park Ceme		Baltimore, M	
	1972 Valent		The same of the sa	25C. FUNERAL DIREC	TOR	Wilkens Ave. 21229
Marie T. C	1011	L	and it	noward n. H	abbata, 4107	MTTLOTTO ACT A
VS 150-REV. 1/1/	68 (A Q		F time Sal	0 6	7	

west to the sea to the sea of the THE REPORT OF THE PARTY OF THE STORONICO E VIENE S DUE CENTERED E SECUL rank t. Fig. 6 40 CELEBRA AND AND A ς .: ALC (, 2 A ... (...)

May 13, 1972 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before adm A. STATE 8. COUNTY Maryland Baltimore C. CITY OR TOWN Woodlawn VES NO NO NO E. STREET AND NUMBER 1400 Ingleside Avenue 21207 RIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) Months; Days Hours 8-27-1899 72 If Under 1 Yr. If Under 2 No NOUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT CO Waryland U.S.A. 14. MOTHER'S MAIDEN NAME Minnie E. (Unknown) 17. INFORMANT ADDRESS 2. 795A Miss Rosalind Flaggs, 1400 Ingleside Ave 16. DEATH APPROXIMATE INTERESTINGEN OF SET AND 17. INFORMANT APPROXIMATE INTERESTINGEN OF SET AND 18. DEATH APPROXIMATE INTERESTINGEN OF SET AND 19. OR AS A CONSEQUENCE OF: 19. OR AS A CONSEQUENCE OF: 19. OR AS A CONSEQUENCE OF: 19. OR AS A CONSEQUENCE OF: 19. OR AS A CONSEQUENCE OF: 19. OR AS A CONSEQUENCE OF: 19. OR AS A CONSEQUENCE OF: 19. OR AS A CONSEQUENCE OF: 19. OR AS A CONSEQUENCE OF: 19. OR AS A CONSEQUENCE OF: 19. OR AS A CONSEQUENCE OF: 19. OR AS A CONSEQUENCE OF: 19. OR AS A CONSEQUENCE OF: 19. OR AS A CONSEQUENCE OF: 19. OR AS A CONSEQUENCE OF: 19. OR AS A CONSEQUENCE OF: 19. OR AS A CONSEQUENCE OF: 19. OR AS A CONSEQUENCE OF: 19. OR AS A CONSEQUENCE OF: 19. OR AS A CONSEQUENCE OF: 19. OR AS A CONSEQUENCE OF: 19. OR AS A CONSEQUENCE OF: 19. OR AS A CONSEQUENCE OF: 19. OR AS A CONSEQUENCE OF: 19. OR AS A CONSEQUENCE OF: 19. OR AS A CONSEQUENCE OF: 19. OR AS A CONSEQUENCE OF: 19. OR AS A CONSEQUENCE OF: 19. OR AS A CONSEQUENCE OF: 19. OR AS A CONSEQUENCE OF: 19. OR AS A CONSEQUENCE OF: 19. OR AS A CONSEQUENCE OF: 19. OR AS A CONSEQUENCE OF: 19. OR AS A CONSEQUENCE OF: 19. OR AS A CONSEQUENCE OF: 19. OR AS A CONSEQUENCE OF: 19. OR AS A CONSEQUENCE OF: 19. OR AS A CONSEQUENCE OF: 19. OR AS A CONSEQUENCE OF: 19. OR AS A CONSEQUENCE OF: 19. OR AS A CONSEQUENCE OF: 19
A. STATE B. COUNTY Maryland Baltimore C. CITY OR TOWN Woodlawn E. STREET AND NUMBER 1400 Ingleside Avenue 21207 RED 8-27-1899 RED 8-27-1899 RED 10. AGE (In years of lost birthdoy) B. DATE OF BIRTH RED 10. AGE (In years of lost birthdoy) RED 11. BIRTHPLACE (Stole or foreign country) Maryland 14. MOTHER'S MAIDEN NAME Minnie E. (Unknown) O. Miss Rosalind Flaggs, 1400 Ingleside Ave OF DEATH DIATE CAUSE DIATE CAUSE APPROXIMATE INTER DIATE CAUSE O, OR AS A CONSEQUENCE OF:
C. CITY OR TOWN Woodlawn E. STREET AND NUMBER 1400 Ingleside Avenue 21207 RED 8. DATE OF BIRTH Solution birthdoy) 8-27-1899 72 ROUSTRY 11. BIRTHPLACE (Stole or foreign country) Maryland 14. MOTHER'S MAIDEN NAME Minnie E. (Unknown) O. Miss Rosalind Flaggs, 1400 Ingleside Ave OF DEATH DIATE CAUSE D. OR AS A CONSEQUENCE OF:
Woodlawn E. STREET AND NUMBER 1400 Ingleside Avenue 21207 RED 8. DATE OF BIRTH CED 8-27-1899 NOUSTRY 11. BIRTHPLACE (Stote or foreign country) Maryland 14. MOTHER'S MAIDEN NAME Minnie E. (Unknown) O. Miss Rosalind Flaggs, 1400 Ingleside Ave OF DEATH DIATE CAUSE DIATE CAUSE WOOdlawn YES NO A If Under 1 Yr. If Under 2 Months Doys Hours 12. CITIZEN OF WHAT CO U.S.A. ADDRESS 2 APPROXIMATE INTE BETWEEN ONSET AND APPROXIMATE INTE BETWEEN ONSET AND O. OR AS A CONSEQUENCE OF:
E. STREET AND NUMBER 1400 Ingleside Avenue 21207 RIED 8-DATE OF BIRTH 9. AGE (In years birthdoy) 16 Under 1 Yr. 16 Under 2 Months Doys 17 Under 2 Months Doys 18 Under 2 Months Doys 19 Under 2 Months 19 Under
RED 8. DATE OF BIRTH 9. AGE (In years list birthday) 8-27-1899 72 Months Days Hours 72 NDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT CO Waryland U.S.A. 14. MOTHER'S MAIDEN NAME Minnie E. (Unknown) ADDRESS 2 795A Miss Rosalind Flaggs, 1400 Ingleside Ave APPROXIMATE INTERPREDICTION APPROXIMATE INTERPRE
RED 8-27-1899 10st birthdoys Month's Doys Hours 10st Distribution 12st Doys Hours 12st Doy
NOUSTRY 11. BIRTHPLACE (Stote or foreign country) NATY 11. BIRTHPLACE (Stote or foreign country) NATY 12. CITIZEN OF WHAT CO U.S.A. 14. MOTHER'S MAIDEN NAME Minnie E. (Unknown) O. 17. INFORMANT O. Miss Rosalind Flaggs, 1400 Ingleside Ave OF DEATH DIATE CAUSE O. OR AS A CONSEQUENCE OF:
Maryland U.S.A. 14. MOTHER'S MAIDEN NAME Minnie E. (Unknown) O. 17. INFORMANT O. Miss Rosalind Flaggs, 1400 Ingleside Ave OF DEATH DIATE CAUSE O. OR AS A CONSEQUENCE OF:
Maryland 14. Mother's Maiden Name Minnie E. (Unknown) O. 17. INFORMANT O. Miss Rosalind Flaggs, 1400 Ingleside Ave OF DEATH DIATE CAUSE O. OR AS A CONSEQUENCE OF:
Minnie E. (Unknown) o. 17. INFORMANT ADDRESS 2 795A Miss Rosalind Flaggs, 1400 Ingleside Ave OF DEATH DIATE CAUSE CAUSE THE DESTREE CAUSE CYTO O, OR AS A CONSEQUENCE OF:
O. TO INFORMANT O. Miss Rosalind Flaggs, 1400 Ingleside Ave OF DEATH ONATE CAUSE O. OR AS A CONSEQUENCE OF:
O. 795A Miss Rosalind Flaggs, 1400 Ingleside Ave F DEATH DIATE CAUSE O, OR AS A CONSEQUENCE OF: O. 795A Miss Rosalind Flaggs, 1400 Ingleside Ave APPROXIMATE INTERPRETATION APPROXIMATE INTERPRETATION O, OR AS A CONSEQUENCE OF:
795A Miss Rosalind Flaggs, 1400 Ingleside Ave of DEATH DIATE CAUSE O, OR AS A CONSEQUENCE OF:
DIATE CAUSE CLICATION TO THE DETWEEN ONSET AND THE CAUSE CLICATION OF THE CAUSE CYTO, OR AS A CONSEQUENCE OF:
DIATE CAUSE CLICED TO THE TO 14 POSLS GYTO, OR AS A CONSEQUENCE OF:
O, OR AS A CONSEQUENCE OF:
RTERIOSERIETER CV 4/18/7
18 12 1213 SECEROTIC (V 4/18/)
OR AS A CONSEQUENCE OF
15eAS-e
ON 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
No
RY (e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exact location) street, office bldg., INJURY OCCUR?
RRED 21F. HOW DID INJURY OCCUR?
At Work
om 4/29 19 to 4/13 19 2
19.7.7 and that In(my) (aur) apinian death accurred an th
id nat) view the bady after death.
23B. DATE SIGNED
Attending Med. Director Phys. 4/15/72
23D. ADDRESS
5550 Baltimore National Pike, Balto., Md
5550 Baltimore National Pike, Balto., Md
OEGREE

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	0 = 30	72 04	726	BALTIMORE CITY HE	ALTH DEP.	ARTMENT		4	~0	04720	
010	J-000	MED	ICAL	EXAMINER'S	CERTIF	ICATE O	F DEAT	TH REG. NO.	16	J12/60	-
1, 1	TH NO. NAME OF DECEASED or Print)	ELMEF	C. Si	MITH , JR.	2. DATE OF DEATH	Known [X Estimoted [Month May	Doy 11, 1	.972	Hour 11:00	A •
FUL	LACE IN BALTIMORE,			RONOUNCED DEAD TITUTION, GIVE STREET		OUNCED DEAD	Month May	,	Yeor .972	11:00	
OR	INSTITUTION	rsity Ho			5. USUAL A. STATE	Maryland	ere deceosed	lived. If Institution B. COUNTY	n: residence Balti		lon)
6. S		ite	8. MARE	RIED NEVER MARRIED U		more High	lands	D. INSIDE C		NO 🔼	
	1-21-1923	IO. AGE (I	O MOORS	# Under 1 Yr. II Under 24 Hrs. Months : Days : Hours : Min.		3018 Penn	sylvani				7
	Maryland			12. CITIZEN OF WHAT COUNTRY?	13. FATHI	Elmer Sn	nith, S				
done	USUAL OCCUPATION during most of working life in the control of the	Give kind of work , even if retired)	148.KINI Balti	of Business OR INDUSTR		ildred		wyer			
16. (Yes	WAS DECEASED EVER	IN U.S. ARMEI	of service	17. SOCIAL SECURITY NO. 214-18-0862	Mrs.	RMANT Doris M.	Smith,		nnsy1v		122 7e.
	(This does not mean heart loilure, asthenia injury or complication	TO DEATH the mode of dy, etc. It means the which coused de	ring, e.g., e disease, oth.)	(8)	AS A CONS	EQUENCE OF:					
NO	UNDERLYING CON	DMON LAST.	IIIO INE	(c)							
CERTIFICATION	OTHER SIGNIFICANT TO THE DEATH BUT I DISEASE OR CONDITI	II CONDITIONS C NOT RELATED TO ON GIVEN IN P	ONTRIBU THE TERM	TING							
CERT				FOR WHICH OPERATION W	AS PERFO	RMED			21. AUTO	NO NO	No)
MEDICAL	22A. EXTERNAL CAL UNDERLYING OR C UTING CAUSE OF	ONTRIB-		22B. PLACE OF INJURY (e.g., home, form, foctory, street, ollic	in or obou	22C. WHERE DI	D (If In Bolitm	ore City, give ex	act location)		
	22D. TIME (Month) OF INJURY (APPROX.)	(Doy) (Yea	r) (Hou	WHILE AT NOT	WHILE VORK	22F. HOW DID	INJURY OCC	CUR?			
	23. I certify that resulted from ACTUAL SIGNATURE EXAMINER'S		J.	Accident Suici	, AS	and that or Homicide CHIEF MEDICA SISTANT MEDICA	Undeterm L EXAMINER L EXAMINER	N		DATE SIGN	IED

24A. BURIAL CREMATION, REMOVAL (Specify) 24C. NAME of CEMETERY or CREMATORY 248. DATE Burial 5-15-1972
25A. DATE REC'D BY HEALTH DEPT. 25B. I .972 Meadowridge Cemetery 25C. FUNERAL DIRECTOR

Robert E. Farber M.D.

24D. LOCATION (City, town, or county) Wash. Blvd. Howard Co., Md.

ADDRESS Howard H. Hubbard, 4107 Wilkens Ave. 21229

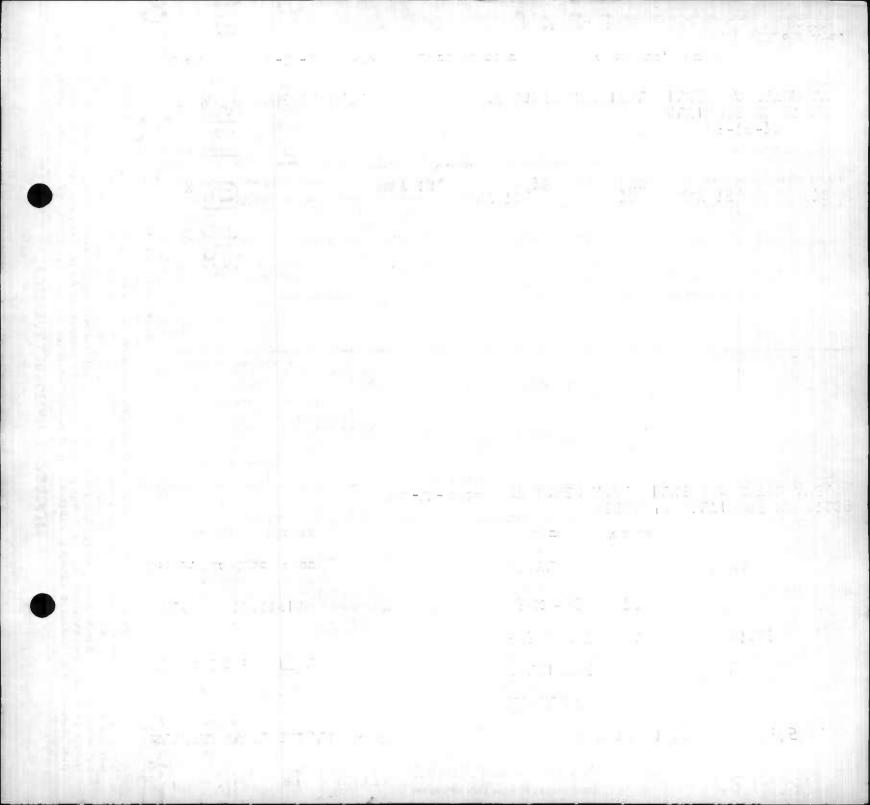
VS 151-REV. 3/1/68

NAME (Type)

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the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

0 1/03		HEALTH DEPARTMENT		72 04727
BHTH NO. 72 047	CERTIFICA	TE OF DEATH	REG. NO	16 03161
1. NAME OF DECEASED		2. DATE A	ND HOUR OF DEATH	
PAUL GAEHLE C		MAY	15, 1972	4:45 A. M
3. PLACE IN BALTIMORE, MARYLAND, WHERE FULL NAME OF (IF NOT IN HOSPITAL OR	PRONOUNCED DEAD INSTITUTION, GIVE STREET	A. STATE B. COUNTY MARY LAND	te deceased lived, If ins	stitution: residence before admission)
HOSPITAL OR ADDRESS OR LOCATION)	THE THE PERCENT	C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
ST AGNES HOSPITAL		BALTIMORE		YES NO
SI AGILES HOST HAL		E. STREET AND NUMBER		
7 0		903 DESOTO	ROAD	21223
NAME OF TAXABLE PARTY O	RRIED NEVER MARRIED OWED DIVORCED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Il Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. K)	OWED DIVORCED DIVORCED	03-07 - 93	79	12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired)		The District OF Colors	ign country)	12. GIIZEN OF WHA! COUNTRY
Retired Cabinet Maker		MARYLAND		USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
Louis Clauss		Dora C	aehle	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give war or doles of se	1 6. SOCIAL SECURITY NO.	17. INFORMANT	CORD IS BAL	TIMOADDRESS 0100
NO	705 ÷12 =4323A			
[18, / - / -	CAUSE OF DEAT		P. WILKENS	S & CATON AVE.
DISEASE OR CONDITION DIRECTLY		2 .	Failure	BETWEEN ONSET AND DEATH
(This does not mean the mode of dying,	(A) IMMEDIATE CAL			
heart failure, asthenia, etc. It means the di	sease, DUE TO/OR AS	A CONSEQUENCE OF:	a. ml. Alu	
injury or complication which caused deoth.	P. A.	cto		7.44-110
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating UNDERLYING CONDITION last,	giving DUE 10, OR AS	A CONSEQUENCE OF:		
	(0/200000000000000000000000000000000000			
	MINAL			20 0000000 (a 2770 a a a a a a a a a a a a a a a a a a
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 JAI, 1994. DATE OF OPERATION 1994. CONDITION WAS PERFORMEN	FOR WHICH OPERATION	NO	208, IF YES, WERE FI	INDINGS CONSIDERED
OR CONTRIBUTING CAUSE OF DEATH Inotify medical examined	21B PLACE OF INJURY (e.g., inhome, form, foctory, street, of	or obout 21C. WHERE DID	(If In Boltimore	City, give exact location)
21D.TIME (Month) (Doy) (Year) (House OF INJURY (APPROX.)	While At Nort While Work At Work		URY OCCUR?	
22. I certify that (X) (this hospital) after			10.770	1 1 5 5 5 5 5
that (1) (we) last saw the deceased ally		19,72 and the	19 72_to_MAY at InXnty) (our) opin	lon death accurred on the date
and hour and from the causes stated abo	over XIX (Me) (qiq) (qix xixx) v	lew the bady after death.		
23A. SIGNATURE	111			23R DATE SIGNED
1 morne	A Dhus	nding Med.	Staff Phys.	05-15-72
23C. PHYSICIAN'S	DEGREE	3D. ADDRESS	BALTI	HARF UR ATAAA
EDUARDO ROMERO, M.	D	ST AGNES HOSP		MURE MD 21229
	DEGREE 24C, NAME of CEMETERY OF CRE			NO G CATUN AVE
REMOVAL (Specify)		100		, town, or county! (State)
Burial 5-18-1972	Loudon Park Cem		ltimore, Mary	
	AME OF REGISTRAR	25C, FUNERAL DIRECTOR	1 1111	4107 Wilkens Ave.
MAY 1 7 1972 Robert E. Fai	Decy 1600	- Hubbary	tuneral ter	me 21229
V\$ 150-REV. 1/1/68		,		

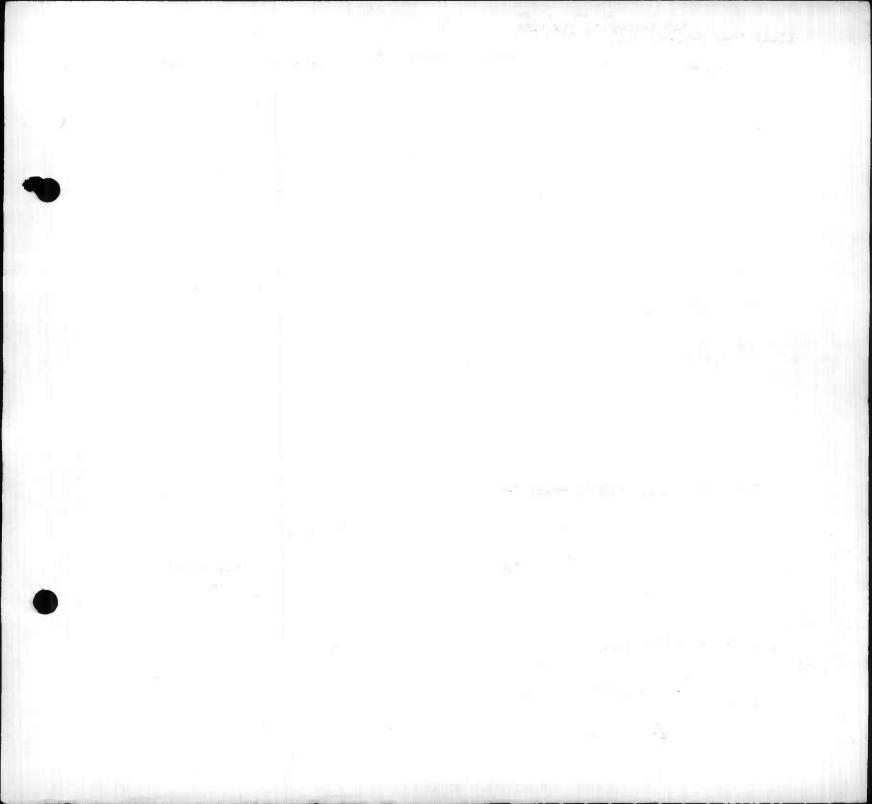


is assistant if death occurred in a hospital an	b, if the direct or contributing cause of dear	any kind; (4) Undetermined cause; (5) Decease	nced death was in regular attendance on the	indance on the deceased prior to death. Sur	l or final disposition is made.	
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital an	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of degi	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Decease	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Sur	written approval must be obtained before the remains are embalmed or final disposition is made.	

70070

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO I. NAME OF DECEASED DATE AND HOUR OF DEATH (Type or Print) 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE B. COUNTY FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) ARROL HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS? SV YES NO 14 UNIVERSITY OF MARYLAND HOSPITAL E. STREET AND NUMBER 4713 Homer Avenue 21216 10 5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Days If Under 24 Hrs. Hours lost birthday WIDOWED DIVORCED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired! Housewife Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. no Mr. Allen Newkirk 4713 Homer Ave. 18. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH MMEDIATE CAUSE CARDIAC ARREST
DUE TO, OR AS A CONSEQUENCE OF: (A) IMMEDIATE CAUSE 1This does not mean the made of dying, e.g., hearl lailure, asthenia, etc. Il means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES PNEUMONIA DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF rise to the above cause (A) stating the CEREBROVASCULAR ACCIDENT UNDERLYING CONDITION last П CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? DIAGNOSTIC 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C, WHERE DID hame, form, foctory, street, office bldg., INJURY OCCUR? (If In Boltimore City, give exact location) MEDICAL DEATH (notify medical exomined 21 D. TIME (Month) (Dayl (Yearl (Hour) 21 & INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) Work At Work 22. I certify that (1) (this hospital) attended the deceased from May that (I) (we) lost sow the deceased alive on... 815 72 and that in (my) (our) apinian death accurred on the date and hour and fram the causes stated above. (1) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE 23B, DATE SIGNED Attending Med. Director Phys. DEGREE 23C. PHYSICIAN'S NAME (Typel 23 D. ADDRESS JUAN CABRERA UNIVERSITY OF MARYLAND 24A. BURIAL CREMATION. 248. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) A.A. Co., Maryland Burial 5-17-72 Mt. Calvary Cemetery 25A, DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR

25C. FUNERAL DIRECTOR 1735 Harford Ave. 27213 Marshall W. Jones, Jr. VS 150-REV. 1/1/68



1	BALTIMORE CIT	Y HEALTH DEPARTMENT						
BIR	72 04729 CERTIFICA	ATE OF DEATH REG. NO. 72 04729						
1. N	AME OF DECEASED	2. DATE AND HOUR OF DEATH						
	Alice S. Powell	5-16-72 10:30 A.						
	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. II institution: residence before admission, STATE 8. COUNTY						
FU	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) STITUTION	Maryland C. CITY OR JOWN D. INSIDE CITY LIMITS2						
INS	THE JOHNS HOPKINS HOSPITAL	Baltimore YES 14 NO 1						
4	BALTIMORE, MARYLAND	E. STREET AND NUMBER						
		3017 E, Jederal 81.						
j. S	6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hi Months; Days Hours Min.						
ADA	F. WIGOWED DIVORCED	1 1-12-92 Y 11, BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTI						
lone	e during most of working life, even if retired) armer Farmer	North Carolina U.S.A.						
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
	Weldon Shearin	Eliza						
S. Y	Was Deceased Ever in U. S. Armed Forces? s,ng or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT Tittleton N Concline 27950						
	237-62-8690	Littleton, N. Carolina 27850 Mr. Joseph H. Powell Rte. 3, Box 278						
	18.4 / 2 O L CAUSE OF DEA	a a fill Ar a fill a fi						
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	tensual visio oscular 7						
	(A)IMMEDIA E CA	AUSE DESCRIPTION OF SA CONSEQUENCE OF:						
	heort foilure, osthenio, etc. It means the disease, injury or complication which coused death.)	S A CONSEQUENCE OF.						
	ANTECEDENT CAUSES							
	DISEASES OR CONDITIONS, it ony, giving DUE TO, OR A	S A CONSEQUENCE OF:						
	rise to the obove couse (A) stoting the UNDERLYING CONDITION lost.							
	[O]assonnessessess							
N O	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
ATI	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).							
RTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
CER	21A. A CCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., OR CONTRIBUTING CAUSE OF home, form, foctory, street,	in or obout 21C. WHERE DID (If in Boltimore City, give exact location)						
AL	OR CONTRIBUTING CAUSE OF home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?						
EDIC	21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?						
×	OF INJURY (APPROX.) While At Not Wh Work At Work							
		pril 28 1972, april 6 1972						
	that (1) (we) last saw the deceased alive on Wall 28	19 2 and that in(my) (our) opinion death occurred on the d						
	ond hour ond from the couses stoted obove. (i) (We) (did) (did not)	,						
	23ADSIGNATURE /							
	The state of	thending Med. Stoff Stof						
	DEGREE TO DEGREE	23D. ADDRESS						
	F.K. ADAMS, M.D.	1222 N. Caroline Street						
24A	DEGRE A BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of C							
_	Burial 5-20-1972 Oak Grove Cemete	ry Littleton, N. Carolina						
252	DANE RAC'D BY HEALTH DEPT. 25B NAME OF REGISTRAR	2SC. FUNERAL DIRECTOR 1735 Harford Ave. 212135						
	MAY 17 1972 Robert F. Jaybery M.D. O	Marshall W. Jones, Jr.						
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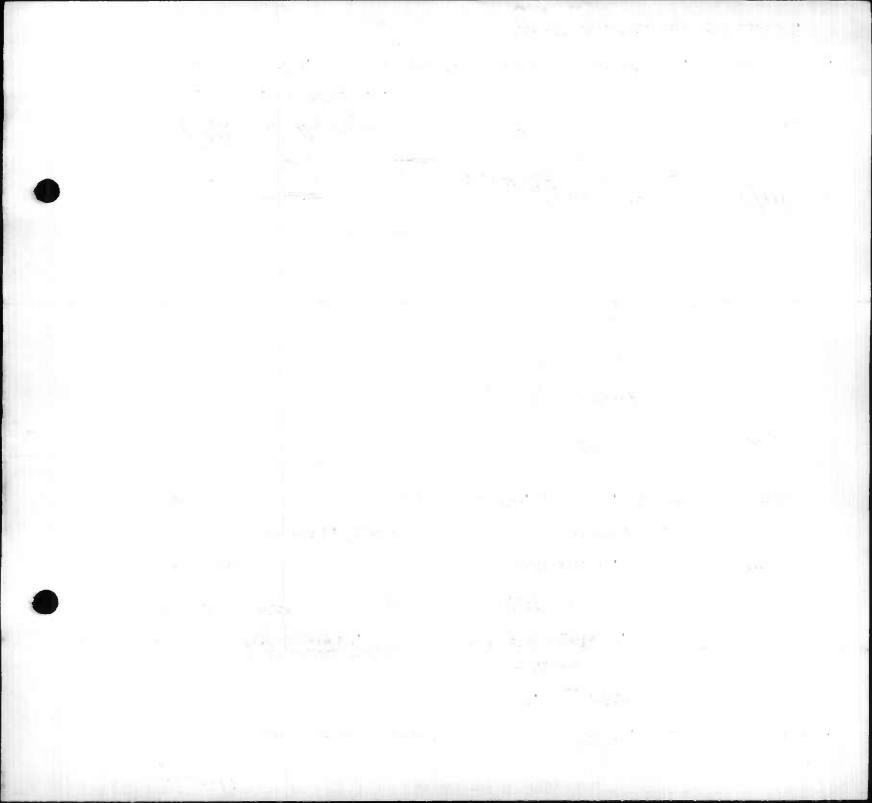
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16	11-23	0	MED	ICAL	. E	XAMINER'S				OF	DEA	TH REG. NO.	70	04736
	TH NO.	EACED												T.
	(Type or Print) EUGENE WEST						2. DATE OF DEAT		Known Estimol		Month	Doy	Year	Hour
4.	PLACE IN BAL	TIMORE, MA	RYLAND, V	VHERE PI	RONG	DUNCED DEAD	3. DATE				Month	Doy Yeor Hour		
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION						PRONOUNCED DEAD 5 14 1972 11:25a 5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)					N			
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6. SEX 7. RACE 8. MARRIED NEVER MARRIED				C. CITY	OR TO	WN			D. INSIDE C	ITY LIMITS?				
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	Mar 20	Н	10. AGE (I lost birthdo		Mon	nder 1 Yr. If Under 24 Hrs. ths 1 Doys 1 Hours 1 Min.	E. STRE	35 N			way			
	BIRTHPLACE (S	itate or foreig		45450		CITIZEN OF	13. FATE	IER'S N	IAME	-				
	Man	yland			1	WHAT COUNTRY?	Eug	ene	L.	West	, Sr.			
144		PATION (Giv	e kind of work	148. KINE		BUSINESS OR INDUSTR	15. MO	THER'S	MAIDE	N NA	ME			
	teamfit		en arenrea)	Loc	al	Union	Len	ore	Bar	th				
16.	WAS DECEAS	ED EVER IN	U.S. ARMEI	FORCE	5?	17. SOCIAL SECURITY NO.	18. INF	ORMAN	IT			A	DDRESS	
	yes	WW		01 301110	,	293-09-2804	Mrs.	Elm	na W	est,	33 I	undalk A	ve. 21	.222
	19.	170	100	3. 4	2	CAUSE OF DEA	TH							PPROXIMATE INTERVAL VEEN ONSET AND DEAT
	DISEAS	E OR COND	ITION DIRE	CTLY	9	Diabete	es me	llit	us v	with	acid	osis		
		LEADINGTO				(A)IMMEDIATE								
	heort foilure	ot meon the , osthenio, etc	. It meons the	diseose,		DUE TO, OR	AS A CON	SEQUEN	ICE OF:					
	injury or cor	nplication whi	ch coused de	oth.)										
		NTECEDENT				(B)								
	RISE TO THE	OR CONDITI	USE (A) STA	Y, GIVING		DUE TO, OR	AS A COI	AZEGUE	NCE O	F:				
Z	UNDERLYIN	IG CONDIT	ION LAST.			(c)								
15			11	O. 1701011										
CERTIFICATION	TO THE DE	IIFICANT COI ATH BUT NO CONDITION	RELATED TO	THE TERM	INAL		creat	itis	; c	ron	ic al	coholism		
ERT	20A. DATE O	OPERATIO	N 208. CO	NDITION	FOR	WHICH OPERATION W	AS PERF	RMED					21. AUTO	PSY? (Yes or No)
0	2												ye	S
MEDICA	UNDERLYING		TRIB-		228. hom	PLACE OF INJURY (e.g., e, form, foctory, street, office	in or obo e bldg., etc	ut 22C. :.) INJU	WHER RY OC	E DID CUR?	(If in Boltin	nore City, give exc	oct location)	
Z	UTING CA		Ooy) (Yea	r) (Hou	r) 2	ZE.INJURY OCCURRED		22F.	HOW	DID IN	JURY OC	CUR?		
	OF INJURY (APPROX.)						WHILE C							
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	resul	ted from: N	loturol cou	7	, A	ccident Suici	Je [_]				EXAMINE	mined manner (
	ACTUAL		61	M	0						EXAMINE			DATE SIGNED
	SIGNAT		10	110	23.	M.I.								
	NAME (1	T	Russel!	L S. :	Fis	her, M.D.	A	SSOCIA	ILE WE	DICALI	EXAMINE	, ,	5-1	5-72
	A. BURIAL CREA		24B. DATE		24	IC. NAME of CEMETERY	or CREM	ATORY		24D.	LOCATIO	N (City, tow	n, or county) (Stote)
_	burial					Most Holy Re				B	altim	ore, Md.	21206	
25	A. DATE REC'D	- /	٦.		_	OF REGISTRAR		C. FUN		DIRECT	OR	P	ADDRESS	
	WAY 18		laber 8	. Mad	Seg.	Acd.		ULLT	TCU	run	eral	nome, Du	naalk,	Md. 21222
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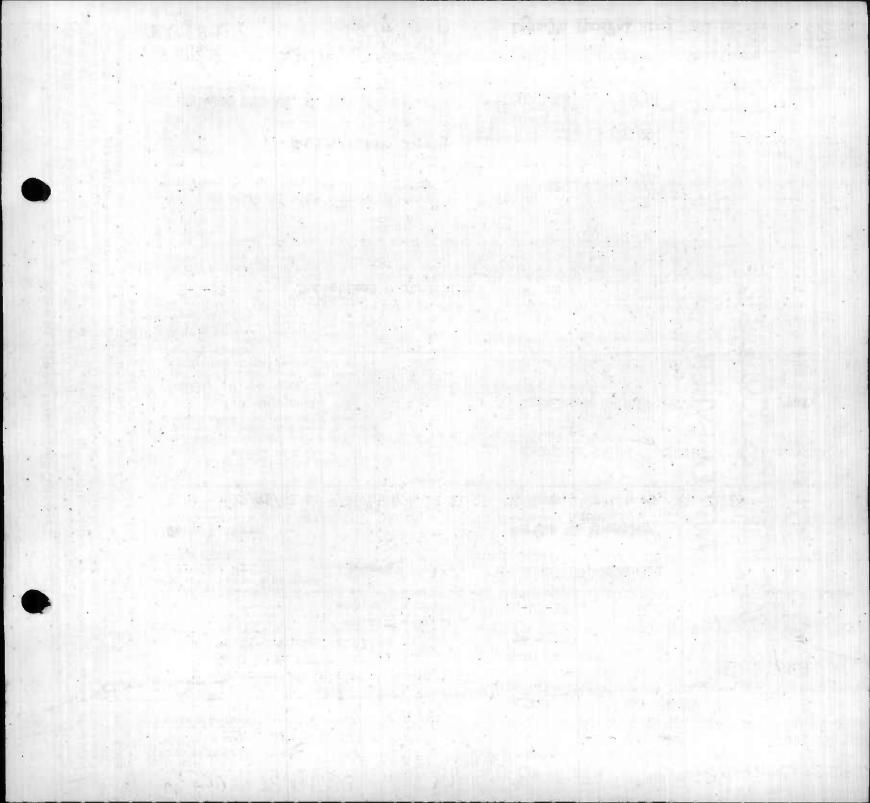
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f and death eased n the Such	BIRTH NO.	TE OF DEATH
S	Mary Otilia Heckwolf	May 13, 1972 (9:15 P.
hospital and ise of death (5) Deceased ance on the death. Such	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, Il institution: residence belaro admission) A. STATE B. COUNTY
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Md. Balto 903
car car vse;	INSTITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS?
ng cau	Gould Convalesarium	E. STREET AND NUMBER
D.= L	6116 Belair Rd.	3627 Kimble Rd.
ccurre ntribut mined gular sed p	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., 1 Under 24 Hrs. Months; Doys Hours; Min.
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the contract of the contract o	deservation of Contained (days kind of work 108, kind of Business or INDUSTR)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
e o u s	Homemaker	Baltimore, Md. USA
rect (4) U (4) U the	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
		Elizabeth Kries
star ind ind leat	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT Mrs. Charles A. Staylor same
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his as so, if any inced enda	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
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Xamicami A fr who	(B)	A CONSEQUENCE OF:
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dical dical rrns; (rsicial was	UNDERLYING CONDITION last, (c) Colony	the College College
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hie he he	19A-DATE OF OPERATION 19E CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
by (2) By phy	OR CONTRIBUTING CAUSE OF home, form, foctory, street, o	
+======================================	OR CONTRIBUTINO CAUSE OF home, form, foctory, street, of DEATH (notify medical examined)	in or about 21C. WHERE DID ffice bldg., INJURY OCCUR? (if in Baltimare City, give exact location)
0 0 2 3 0	Q 21D. TIME (Month) (Doy) (Yeard (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
0 2 0 0	OF INJURY (APPROX.) While At Work At Work	e 🗂
SEXXER	22. I certify that (I) (Hits has been attended the deceased from	4/2/ 1972 10 5//3/ 1972
0000	that (I) (we) last saw the deceased alive on	13/19 22 and that in (my) (que) opinion death occurred on the date
t be a sed to sed to sed to spital eath)	and hour and from the causes stated above. (I) (We) (did not) v	few the body offer death
ident o hospita o death	23A. SIGNATURE	238, DATE SIGNED
must eleas ccide roside to de		anding Med. Stoff Phys. Stoff
0 0 ->	23C. PHYSICIAN'S NAME (Typel	23D. ADDRESS
certificate m sody was reli s: (1) An acci D.O.A. at a b ased prior to	ALBERT B. BRADLEY, M.D.	4900BELAIR ROAD
E-4000		
ws: D. D.	Burial 5/17. /2 New Cathedral C	Cemetery Frederick Rd. Balto Md.
This certify the body shows: (1) was D.O. deceased written a	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR Mitchell Windefold Home 6500 Yearle Rd
	MAY 1 8 1972 (66 & E. Janes & 20.0)	Mitchell Wiedefeld Home 6500 York Rd.

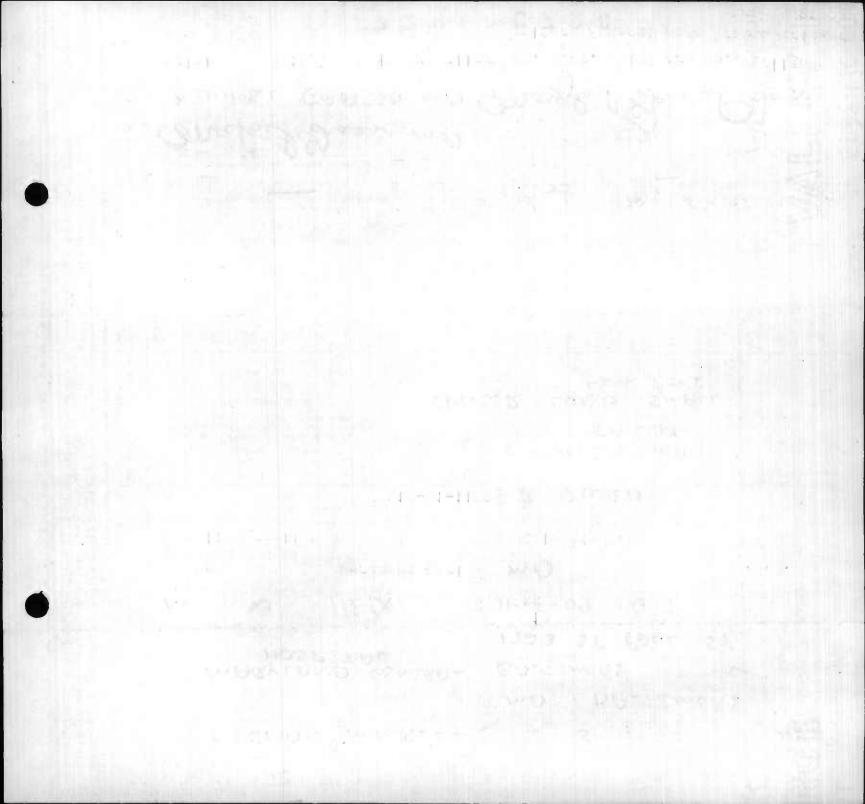


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

D -00 01100	BALTIMORE CITY	HEALTH DEPARTMENT		
K-500 72 04732	CERTIFICA	TE OF DEATH	REG. NO.	2-04732
INAME OF DECEASED			D HOUR OF DEATH	
(Type of Pant) RYAN; JAMES MICKEY		5-15-		12:25 PM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	CED DEAD		decessed lived. If in	stitution: residence before edmission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	ON, GIVE STREET	MARYLAND B. COUN	BALTIMORE	5300
HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION Veterans Administration		C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
3900 Loch Raven Blvd.,	100 DI OGI	BALTIMORE		YES NO X
Baltimore, Md. 21218		E. STREET AND NUMBER		
<u> </u>		B. DATE OF BIRTH	AGE (In years	II Under 1 Yr. , If Under 24 Hrs.
MALE WHITE WIDOWED	DIVORCED _		ost bighdayl	Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BE	SINESS OR INDUSTRY	11. BIRTHPLACE (Stele or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
dene during most of working life, even if retired) Service Writer Admira	1 Pontiac	WARRENSBERG, MI	sseuri	U. S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	N.E.	
John I. Ryan		Bertha W. Whea	atlev	
15. Was Deceased Ever in U. S. Armed Ferces?	SOCIAL	Bertha W. Whea	S	ADDRESS
YES 12/31/42 to 9/26/45 L	194 12 21 09	VA Hosp., Balt	imore, Md.	21218
18. / 5 4 / 1	CAUSE OF DEATI	4		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY			AW10141 MAGMA	
LEADING TO DEATH	(A) IMMEDIATE CAU	ABOMINAL CAR	CINOMATOSIS	4 months
(This does not meon the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO, OR AS	A CONSEQUENCE OF:		
injury or complication which caused death.)		OADOTHOUGH OF	min Decenii	7
ANTECEDENT CAUSES	(B)	CARCINONA OF	THE RECTUR	1 year
DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the	DUE TO, OK AS	A CONSEQUENCE OF:		
UNDERLYING CONDITION losi.	(C)	••••••		
11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).				
DISEASE OR CONDITION GIVEN IN PART I (A).	ICH OPERATION	20A. AUTOPSY? (Yes or Ne)	20B, IF YES, WERE I	FINDINGS CONSIDERED
198. CONDITION FOR WH WAS PERFORMED Intestinal Of		no	IN CERTIFYING CA	USES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PL	ACE OF INJURY (e.g., i	n of about 21 C. WHERE DID	(If In Boltimer	e City, give exect location)
DEATH (netify medical examiner) etc.)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	IJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
(APPROX.) While Werk	At Work	e 🔲		
22. I certify that (1) (this hospital) attended the	deceased from	May 4	9 72 to May	15 19 72 ,
that (f) (we) lost saw the deceased alive on	2 = -1	D .	11	nian deoth accurred on the dote
ond hour and from the couses stated above. (1)	We) (did) (did dar) v			
23A. SIGNATURE H. 65 nam	MID			238. DATE SIGNED
4.60 %	DE GREE Phy	miding Med. Director	Staff Phys.	5-15-72
23C.PHYSICIAN'S NAME (Type) HORACIO GUZMAN, M. D.		VA Hospital Baltimore, Md.	1900 Loch Ra	even Blvd.,
	DEGREE OF CEMETERY OF CRI			ty, town, or county) (State)
	ens Of Faith	Cemetery Or	erlea Pa	ltimore Md.
		Cemetery Ov	Da.	ADDRESS 21236
MAY 18 1972 Holland & Farling M.	0200	A Lassalin Rune	al Home 740	l Belair Rd. Balto.

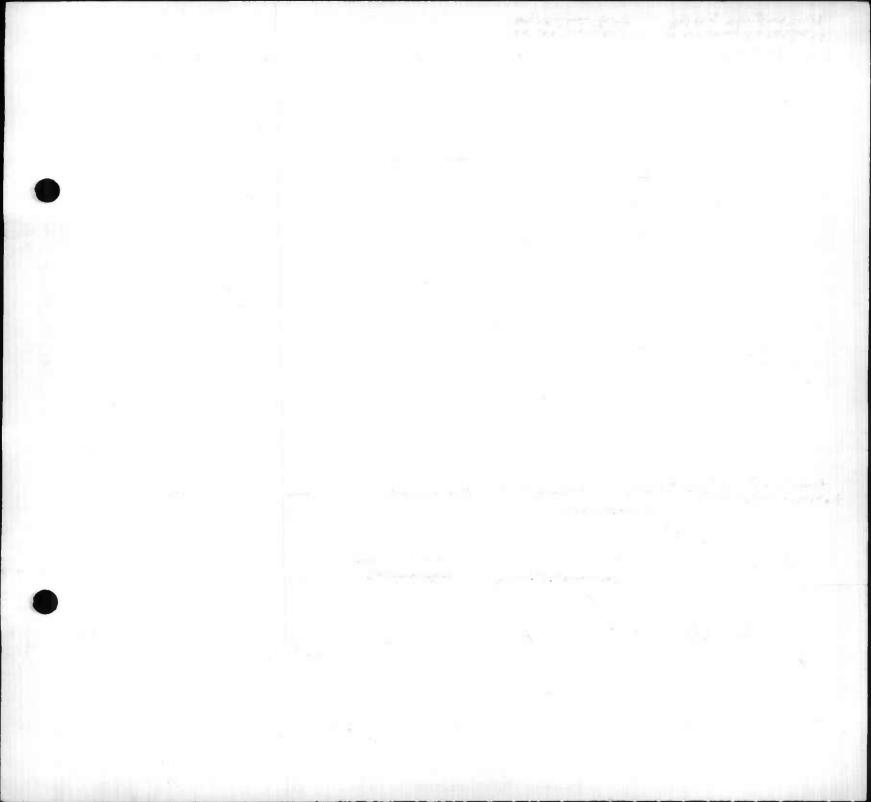


0103	111-64						
	H NO.	0 72 04	155	CERTIFICA	TE OF DEATH	REG. NO	72 04733
1. N	MAR OF DECI	EASED	0.			D HOUR OF DEATH	
		JORMAN				15-72.	
3. P	LACE IN BALT	IMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (When	TY	/ 1 1 1
FUL	L NAME OF	(IF NOT IN HOSPIT	AL OR INSTITE	UTION, GIVE STREET		ALTIM	
IN S		DAYLAA			BOLTIMOR		YES NO NO
(100	HOSE	2791		E. STREET AND NUMBER		
	10				1723 57.	BAUL	ST.
5. S	EX	6. RACE		NEVER MARRIED	. 13	9. AGE (In years lost birthdoy)	Months Doys Hours Min.
	<u></u>	W	Mppheb	BUSINESS OR INDUSTRY	11-12-04	6)	12, CITIZEN OF WHAT COUNT
done	during most of v	working lile, even if retired)			11. BIRTHPLACE (Stole or lorei	gn country)	
	eaman	AP	Merch	nant Marine	14. MOTHER'S MAIDEN NAM	AF	U.S.A.
		Murrell			Celestia 8		
			2	1 6. SOCIAL	17. INFORMANT		ADDRESS
		(If yes, give wor or date	es of service)	SECURITY NO.			VDDKE33
	1B. / / 2			219-01-1122 CAUSE OF DEAT	E.R. REWE	2 D	APPROXIMATE INTERVA
		LEADING TO DEATH	RECTLY		C001685531	os Acar	7
		LEADING TO DEATH	and a second	(A) IMMEDIATE CAU	SE CONGSSTALL CONSEQUENCE OF:	江 开下除门)
	heart lailure,	ol mean the made of asthenia, etc. It means	the disease,	DUE TO, OR AS	A CONSEQUENCE OF:	AILURE.	
	' '	aplication which caused ANTECEDENT CAUSES		(00)0	CO ZUALO		2 1
				121 613000			
	DISEASES C	R CONDITIONS, il	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	LL SYPS	<u> </u>
	rise to the	OR CONDITIONS, il		DUE TO, OR AS	SR LUNC A CONSEQUENCE OF CS	LL TYPS	<u>~ C.</u>
	rise to the	above cause (A) G CONDITION last.		DUE TO, OR AS	A CONSEQUENCE OF:	LL TYPS	
NO	rise to the UNDERLYING	a above cause (A) CONDITION last. II ICANT CONDITIONS CO	stating the	(C)	A CONSEQUENCE OF:	LL TYPS	
ATI	OTHER SIGNIF TO THE DEAT DISEASE OR C	a above cause (A) CONDITION last, II ICANT CONDITIONS CO H BUT NOT RELATED TO TO ONDITION GIVEN IN PAR	stating the ONTRIBUTING THE TERMINAL RT 1 (A).	(c)			
CATI	OTHER SIGNIF TO THE DEAT DISEASE OR C	a above cause (A) CONDITION last. II ICANT CONDITIONS CO H BUT NOT RELATED TO T	stating the ONTRIBUTING THE TERMINAL RT 1 (A). NOTION FOR V	(c)	20A. AUTOPSY? (Yes or No		FINDINGS CONSIDERED
ERTIFICATI	OTHER SIGNIF TO THE DEAT DISEASE OR C 19A. DATE OF	CONDITION last. II ICANT CONDITIONS CO H BUT NOT RELATED TO T OPERATION GIVEN IN PAR OPERATION 1788. CON WAS PER	ONTRIBUTING THE TERMINAL RT 1 (A). HOTTON FOR N FORMED	(C)	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE IN CERTIFYING CA	
AL CERTIFICATI	OTHER SIGNIF TO THE DEAT DISEASE OR C 19A. DATE OF OR CONTRIBU	O above cause (A) CONDITION last. II ICANT CONDITIONS CO H BUT NOT RELATED TO T ONDITION GIVEN IN PAR OPERATION 198. CON WAS PER	ONTRIBUTING THE TERMINAL RT 1 (A). HOTTON FOR N FORMED	(C)	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
CAL CERTIFICATI	OTHER SIGNIF TO THE DEAT DISEASE OR C 19A. DATE OF OR CONTRIBL DEATH (notify) 21D. TIME	O above cause (A) CONDITION last. II ICANT CONDITIONS CO H BUT NOT RELATED TO TO ONDITION GIVEN IN PAR OPERATION 1985. CON WAS PER NT WAS UNDERLYING	ONTRIBUTING HE TERMINAL RT 1 (A). RIDITION FOR V FORMED 218. hom etc.	WHICH OPERATION PLACE OF INJURY (e.g., in factory, street, of the control of the	20A. AUTOPSY? (Yes or No 10 or obout 21C, WHERE DID fice bidg,, INJURY OCCUR?	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
CAL CERTIFICATI	OTHER SIGNIF TO THE DEAT TO THE DEAT DISEASE OR C 19A. DATE OF 21A. ACCIDEN OR CONTRIBL DEATH (notify	O above cause (A) CONDITION last. II ICANT CONDITIONS CO H BUT NOT RELATED TO T ONDITION GIVEN IN PAR OPERATION 198. CON WAS PER NT WAS UNDERLYING DITING CAUSE OF	ONTRIBUTING HE TERMINAL RT 1 (A). IDITION FOR 1 CHOUD 218.	WHICH OPERATION PLACE OF INJURY (e.g., i e., form, factory, street, of) INJURY OCCURRED ile At Not Whil	20A. AUTOPSY? (Yes or No 1 or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
MEDICAL CERTIFICATI	OTHER SIGNIF TO THE DEAT DISEASE OR C 19A-DATE OF OR CONTRIBL DEATH (notify 21D. TIME OF INJURY (APPROX.)	O above cause (A) CONDITION last. II ICANT CONDITIONS CO H BUT NOT RELATED TO T ONDITION GIVEN IN PAR OPERATION 198. CON WAS PER NT WAS UNDERLYING [TING CAUSE OF medicol exominer) (Month) (Doy) (Yeor)	ONTRIBUTING HE TERMINAL RT 1 (A). HIDITION FOR V FORMED 218. hom etc. (Hour) 21E. Wh	WHICH OPERATION PLACE OF INJURY (e.g., i e., form, factory, street, of) INJURY OCCURRED ile At Not Whil	20A. AUTOPSY? (Yes or No 10 or obout 21C, WHERE DID fice bldg., INJURY OCCUR?	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
MEDICAL CERTIFICATI	OTHER SIGNIF TO THE DEAT TO THE DEAT DISEASE OR C 19A-DATE OF OR CONTRIBL DEATH (notify 21D. TIME OF INJURY (A PPROX.) 22. I certify	O above cause (A) CONDITION last. II ICANT CONDITIONS CO H BUT NOT RELATED TO T ONDITION GIVEN IN PAR OPERATION 1978. CON WAS PER NT WAS UNDERLYING [ITING CAUSE OF medicol exomines) (Month) (Doy) (Yeos)	ONTRIBUTING HE TERMINAL RDITION FOR N FORMED 218. hom etc. (Hour) 21E. Wh Wo	WHICH OPERATION PLACE OF INJURY (e.g., in the form, factory, street, of the form) INJURY OCCURRED ile At Not While the Manual	20A. AUTOPSY? (Yes or No Or obout 21C, WHERE DID fice bidg., INJURY OCCUR?	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH? Ore City, give exact location)
MEDICAL CERTIFICATI	OTHER SIGNIF TO THE DEAT DISEASE OR C 19A. DATE OF OR CONTRIBL DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we)	o above cause (A) CONDITION last. II ICANT CONDITIONS CO H BUT NOT RELATED TO TO ONDITION GIVEN IN PAR OPERATION 1988. CON WAS PER IT WAS UNDERLYING THING CAUSE OF medicol exominer) (Month) (Doy) (Yeor) that (1) (this haspital	ontributing the terminal and the termina	WHICH OPERATION PLACE OF INJURY (e.g., in the form, factory, street, of the form) INJURY OCCURRED The All Work he deceased from 5	20A. AUTOPSY? (Yes or No Or obout 21C, WHERE DID fice bidg., INJURY OCCUR?	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH? Ore City, give exact location)
MEDICAL CERTIFICATI	OTHER SIGNIF TO THE DEAT DISEASE OR C 19A. DATE OF OR CONTRIBL DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we)	above cause (A) CONDITION last. CANT CONDITIONS CO H BUT NOT RELATED TO T ONDITION GIVEN IN PAR OPERATION 1985. CON WAS PER NT WAS UNDERLYING THING CAUSE OF medicol exominer) (Month) (Doy) (Yeor) that (1) (this haspital last saw the decease d from the causes sta	ontributing the terminal and the termina	WHICH OPERATION PLACE OF INJURY (e.g., in the deceased from the d	20A. AUTOPSY? (Yes or No 1 or obout 21C. WHERE DID fice bldg, INJURY OCCUR? 21F. HOW DID INJ 19 2 and th iew the bady after death.	URY OCCUR?	FINDINGS CONSIDERED AUSES OF DEATH? Ore City, give exact location)
MEDICAL CERTIFICATI	OTHER SIGNIF TO THE DEAT DISEASE OR C 19A. DATE OF OR CONTRIBL DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and haur and	above cause (A) CONDITION last. CANT CONDITIONS CO H BUT NOT RELATED TO T ONDITION GIVEN IN PAR OPERATION 1985. CON WAS PER NT WAS UNDERLYING THING CAUSE OF medicol exominer) (Month) (Doy) (Yeor) that (1) (this haspital last saw the decease d from the causes sta	ontributing the terminal and the termina	WHICH OPERATION PLACE OF INJURY (e.g., in the deceased from the d	20A. AUTOPSY? (Yes or No To or obout 21C. WHERE DID fice bldg., INJURY OCCUR? 21F. HOW DID INJ	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH? Ore City, give exoct location) 19 2.5
MEDICAL CERTIFICATI	OTHER SIGNIF TO THE DEAT TO THE DEAT TO THE DEAT DISEASE OR C 19A. DATE OF 21A. ACCIDEN OR CONTRIBL DEATH (notify 21D. TIME 21D. TIME 22D. I certify that (1) (we) and haur and 23A. SIGNATU	Department of the course of th	ontributing the terminal and the termina	WHICH OPERATION PLACE OF INJURY (e.g., ine, form, factory, street, of the property) INJURY OCCURRED ile A1 Not While the deceased from 5 1) (We) (did) (did not) where the property of the	20A. AUTOPSY? (Yes or No 1 or obout 21C. WHERE DID fice bldg, INJURY OCCUR? 21F. HOW DID INJ 19 2 and th iew the bady after death.	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH? Ore City, give exoct location) 19 2.5
MEDICAL CERTIFICATI	OTHER SIGNIF TO THE DEAT TO THE DEAT DISEASE OR C 19A. DATE OF 21A. ACCIDEN OR CONTRIBL DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and haur and 23A. SIGNATU	Department of the course of th	Stating the STATE	WHICH OPERATION PLACE OF INJURY (e.g., in the control of the cont	20A. AUTOPSY? (Yes or No 10 C) n or about 21C, WHERE DID fice bidg., INJURY OCCUR? 21F. HOW DID INJ 21F. HOW DID INJ and the lew the bady after death. Med. Director C 23D. ADDRESS	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH? THE City, give exact location) 19 7. Inlan death occurred an the
MEDICAL CERTIFICATI	OTHER SIGNIF TO THE DEAT TO THE DEAT TO THE DEAT DISEASE OR C 19A. DATE OF 21A. ACCIDEN OR CONTRIBL DEATH (notify 21D. TIME 21D. TIME 22D. I certify that (1) (we) and haur and 23A. SIGNATU	Department of the cause of the	Stating the STRIBUTING HE TERMINAL RT 1 (A). RDITION FOR MED 218 homete. (Hour) 21E. Wh. Wo. 1) attended tiled alive an ted abave. (I)	WHICH OPERATION PLACE OF INJURY (e.g., ine, form, factory, street, of the property) INJURY OCCURRED ile A1 Not While the deceased from 5 1) (We) (did) (did not) where the property of the	20A. AUTOPSY? (Yes or No 10 C) n or about 21C, WHERE DID fice bidg., INJURY OCCUR? 21F. HOW DID INJ 21F. HOW DID INJ and the lew the bady after death. Med. Director C 23D. ADDRESS	URY OCCUR? 19 72 ta at In (my) (aur) ap Staff Phys.	FINDINGS CONSIDERED AUSES OF DEATH? THE City, give exact location) 19 2 238. DATE SIGNED (State
MEDICAL CERTIFICATI	OTHER SIGNIF TO THE DEAT TO THE OF TO THE	Departion Cause CA II ICANT CONDITION Idea ICANT CONDITIONS CO H BUT NOT RELATED TO T OPERATION 198. CON WAS PER IT WAS UNDERLYING IT WAS UNDERLY	Stating the Stating the STRIBUTING HE TERMINAL RT 1 (A). RIDITION FOR VIOLENT (Hour) 21E. Who would be a state of a live an attended to the state of a live an attended above. (I) 24C. N. 72 Du	WHICH OPERATION PLACE OF INJURY (e.g., ine, form, factory, street, of the property of the pro	20A. AUTOPSY? (Yes or No	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH? The City, give exact location) 19 2 Inlan death occurred an the county, town, or county) City, town, or county) Co., Maryland
MEDICAL CERTIFICATI	OTHER SIGNIF TO THE DEAT TO THE OF TO THE	Department of the cause of the	Stating the Stating the STRIBUTING HE TERMINAL RT 1 (A). RIDITION FOR VIOLENT (Hour) 21E. Who would be a state of a live an attended to the state of a live an attended above. (I) 24C. N. 72 Du	WHICH OPERATION PLACE OF INJURY (e.g., ine, form, factory, street, of the property of the pro	20A. AUTOPSY? (Yes or No 10 or obout 21C. WHERE DID fice bidg., INJURY OCCUR? 21F. HOW DID INJ 21F. HOW DID INJ 21F. How DID INJ 21F. How DID INJ 22D. ADDRESS MATORY 24D. L Mem. Gdns.	208. IF YES, WERE IN CERTIFYING CALL OF THE PROPERTY OF THE PR	FINDINGS CONSIDERED AUSES OF DEATH? Ore City, give exect location) 19.2. Inlan death occurred an the city, town, or county) Co., Maryland Address
WEDICAL CERTIFICATI	OTHER SIGNIF TO THE DEAT TO THE OF TO THE	CONDITION last. II ICANT CONDITIONS CO H BUT NOT RELATED TO T ONDITION GIVEN IN PAR OPERATION 1978. CON WAS PER IT WAS UNDERLYING (Month) (Doy) (Year) that (I) (this haspita last saw the decease from the causes sta IR INTS (MATION, 248, DATE 5/18/- BY HEALTH DEPT.	Stating the Stating the STRIBUTING HE TERMINAL RT 1 (A). RIDITION FOR VIOLENT (Hour) 21E. Who would be a state of a live an attended to the state of a live an attended above. (I) 24C. N. 72 Du	WHICH OPERATION PLACE OF INJURY (e.g., ine, form, factory, street, of the property of the pro	20A. AUTOPSY? (Yes or No 10 or obout 21C. WHERE DID fice bidg., INJURY OCCUR? 21F. HOW DID INJ 21F. HOW DID INJ 21F. How DID INJ 21F. How DID INJ 22D. ADDRESS MATORY 24D. L Mem. Gdns.	208. IF YES, WERE IN CERTIFYING CALL OF THE PROPERTY OF THE PR	FINDINGS CONSIDERED AUSES OF DEATH? ore City, give exoct location) 19 2. Inlan death occurred an the 238. DATE SIGNED City, town, or county) (Stote Co., Maryland



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

V-206 72 04734	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO.	2 04734
1. NAME OF DECEASED (Type or Print)	1	2. DATE AN	D HOUR OF DEATH	
IAU RINDER	ESS/Er, Sr.	16	MAY 18%	21 0740 M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If insti	itution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	TION, GIVE STREET	C, CITY OR TOWN		6232
		R-1 1		E CITY LIMITS?
Univ of maryland Ho	spital	E. STREET AND NUMBER		YES NO X
		401 Pros	vect Mil	Rd
5. SEX 6. RACE 7. MARRIED X	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 20 Nov 1809	9. AGE (In yours lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF	BUSINESS OR INDUSTRY	BIRTHPLACE (State or Care)	on country)	12. CITIZEN OF WHAT COUNTRY
done during most of working the, even it refired)	struction	(Doubs, Frederick Co.),	THE STATE OF WHA! COUNTY
13. FATHER'S NAME	hired	mo	1	USA
A A		14. MOTHER'S MAIDEN NAM	AE	
WE L. KESS/E.	-	Albert	To Contruct	ASSE/
(15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wer ar doles of service)	6. SOCIAL	17. INFORMANT (STEE) 838	3-8283	ADDRESS
	705-07-1076			et Mill Rd Routet 4
18. 7 / 2 / 1	CAUSE OF DEATH	Mrs. Estella KE	SSIEL BEI DIC	maniford 21014
DISEASE OR CONDITION DIRECTLY	4			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	Bronch	OSENIC CAI	CINOMA JE	71
(This does not mean the mode of dylng, e.g., heart failure, asthenia, otc. It means the disease,	DUE TO, OR AS	CONSEQUENCE OF:	*···	9
injury or camplication which caused death.)				
ANTECEDENT CAUSES	(B) nelocals	us le Live	4- Right Ce.	wiel Zvole
DISEASES OR CONDITIONS, if any, giving iso to the above cause (A) stating the	DUE TO, OR AS	A CONSEQUENCE OF:	7	
UNDERLYING CONDITION last.	(c)			
	(0)			
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Gai	tru ulu		
DISEASE OR CONDITION GIVEN IN PART 1 (A).				
9 MAY 1973 WAS PERFORMED BIGGSY CEAN	· / A/ /	20A. AUTOPSY? (Yes or No)	IN CERTIFYING CAUSE	DINGS CONSIDERED ES OF DEATH?
	LACE OF INJURY (e.g., In	or obout 21 C. WHERE DID		ily, give exact location)
DEATH (notify medical examiner)	ront, tocioty, snoot ou	se piog. INJURY OCCUR!		
Q 21D. TIME (Month) (Doy) (Year) (Hour) 21E 1	NJURY OCCURRED	21F. HOW DID INJU	IRY OCCUPS	
II II (Abbacter)			AL OCCUR!	
Work	At Work			
22. I certify that (49) (this haspital) attended the	deceased from	may 1	72 to 16	may 19 22
that 🗗 (we) last saw the deceased alive an	16 may	1 -		n death accurred on the dote
and have and from the causes stated above. (1)	(Wa) (did) (didsent) vi			and a second control control
23A. SIGNATURE		ow the bady after deaths	101	B, DATE SIGNED
9/50 Co D.	Atten	ding Med. S	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A SALE SIGNED
23G. PHYSICIAN'S Wrigary Br	the GEGREE Phys.		hys.	16 may 72
23C. PHYSICIAN'S NAME (Type)	-	D. ADDRESS		
24A. BURIAL CREMATION, 24B. DATE 24C. NAN	TE of CEMETERY OF CREA	AATORY 24D. LO	CATION (City	town, or county) (State)
Harris Vita topocity				
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	tir MEmorial G		ter Heretard Co.	manylas 21014
MAY 1 9 1079	200	25C. FUNERAL DIRECTOR	Ster W. Brow	lung of Williams St.
WAY 18 9/2 66, 88 46.2	18	of chica. The	Bel Air	manian 21014
VS 150-REV. 1/1/68				



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

110	3-639 72 04735 BALTIMORE CIT	TY HEALTH DEPARTMENT
BIR	H NO. CERTIFICA	ATE OF DEATH REG. NO. 72 04735
	AME OF DECEASED Schwartz Ellis	5-15-72 5:00 PM
3.	LACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; sesidence before admission)
HC	SMITAL OR ADDRESS OR LOCATION) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET /	Mary lamol. 2755
1	insitude beliedere Ave. at Green, plus	Baltimore YES NO
4	+2 Baltimore Ad 2/2/s	5917 Western Park Dr #9.
11	MALE WHITE WIDOWED DIVORCED	8. DATE OF BIRTH 7 - 31 - 96 Solution 9. AGE (In years 11 Under 1 Yr. 11 Under 24 Hrs. 12 Under 24 Hrs. 13 Under 24 Hrs. 14 Under 24 Hrs. 15 Under 24 Hrs. 16 Under 24 Hrs. 17 Under 24 Hrs. 18 Under 25 Hrs. 18 Under 26 Hrs. 18 Under 26 Hrs. 18 Under 27 Hrs. 18 Under 27 Hrs. 18 Under 28 Hrs. 18 Under 29 Hrs. 18 Under
10A don	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRED OF WORKING HOLD WARREN OF BUSINESS OR INDUSTRED OF WORKING WARREN OF BUSINESS OR INDUSTRED OR INDUSTRED OF BUSINESS OR INDUSTRED OR	RUSSIA 12. CITIZEN OF WHAT COUNTRY?
13.	TATHER'S NAME ISRAEL WOLF SCHWARTZ	BESSIE GILBERT
15. Yes	Nos Deceased Ever in U. S. Armed Forces? ,no or unknown) (II yos, give war or doles of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
	NO	MRS. FLORA SCHWARTZ, 5917 WESTERN PK.DR., APT.
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	setween onset and Death B-4h
	neon failure, osthenia, etc. Il means the disease, injury or complication which caused death.)	S A CONSEQUENCE OF:
	ANTECEDENT CAUSES (B) (B) (B) (C) (B) (B)	ial sage Ca of the univery kholder.
	DISEASES OR CONDITIONS, if ony, giving nise to the obave couse (A) stoting the UNDERLYING CONDITION lost. (C)	S A CONSEQUENCE OF:
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
CERTIFICATI	19A DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED JULI CHARLES OF THE PROPERTY OF THE PROP	20A-AUTOPSY? (Yes of No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CAL	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	in or obout 21.C. WHERE DID (II In Boltimore City, give exect location) office bidg., INJURY OCCUR?
MEDI	21D. TIME (Month) (Day) (Yeor) (Hour) 21E INJURY OCCURRED OF INJURY (APPROX.) While A1 Not Wh Work A1 Work	
11 1	22. I certify that (I) (this hospital) attended the deceased fram	4/30 19 72 to 5-15 19 72
11 1	and hour and from the couses stated obove. (1) (We) (did) (did not)	view the body after death.
	23A. SIGNATURE Colon Ly At	tending Med. Stoff C
	23C. PHYSICIAN'S Dr 2VI Ida (1/5 Ky	5946 c Green Meadow Pkuy 21209 Palhore Me
24A	BURIAL CREMATION, 248. DATE 24G. NAME of CEMETERY of CI	
	BURIAL 5-16-72 TIFERETH ISRAEL A	
25A	DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR	25C. FUNERAL DIRECTOR BROS., 6010 REISTERSTOWN ROAD
VS	50-REV. 171/6B	Tool Printed a property of the state of the total

LEADING MAIN BOOK ENDING

spital and of death Deceased Such E O death. attendance (4) Undetermined cause; (5) contributing cause 0 prior in regular mad deceased disposition WOS the death 6 or final attendance fracture of any pronounced embalmed ar regu who are physician the remains the chief medical Was burns; No physician (2) Body the before where to the hospital any nature; obtained 9 approved (except death); and 90 40 hospital must An accident 0 approval 8 prior to D.O.A. deceased written shows: WOS

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO BIRTH NO I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 3. PLACE IN BALTIMORE, MARTLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) MARYLAND C. CITY OR TOWN D. INSIDE CITY LIMITS? ADSPITAL YES TO BALTIMORE NO E. STREET AND NUMBER 3602 FORDS LANE, APT. A #21215 5. SEX 6. RACE 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED II Under 1 Ya If Under 24 Hrs. Hours Months Doys WHITEXX lost birthdoy) DIVORCED WIDOWED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLAGE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) RRUSSIA USA RETAIL PLUMBING & HEATING 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ANITA LEON FEPELSTEIN 15. Was Decaused Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dotes of service) 6. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. 218-32-1997 NO 3602 FORDS LANE, CAUSE OF DEATH SETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B)
DUE TO, OR AS A CONSEQUENCE DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A-AUTOPSY? (Yes or No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C, WHERE DID home, farm, factory, street, office bldg., INJURY OCCUR? (If In Boltimore City, give exact location) MEDICAL DEATH (notify medical examined) 21 D. TIME OF INJURY (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While While At (APPROXI Work 22. I certify that (I) (this haspital) attended the deceased from that (I) (we) last saw the deceased alive an and that in (my) (our) apiniar death accurred on the date and have and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 238 DATE SIGNED Attending | Med. Phys. Director 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS 24A. BURIAL CREMATION. CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) BURIAL BALTIMORE. MARYLAND 25A. DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS SOL LIVINGON: 6 BROS., 6010 REISTERSTOWN ROAD VS 150-REV. 1/1/68

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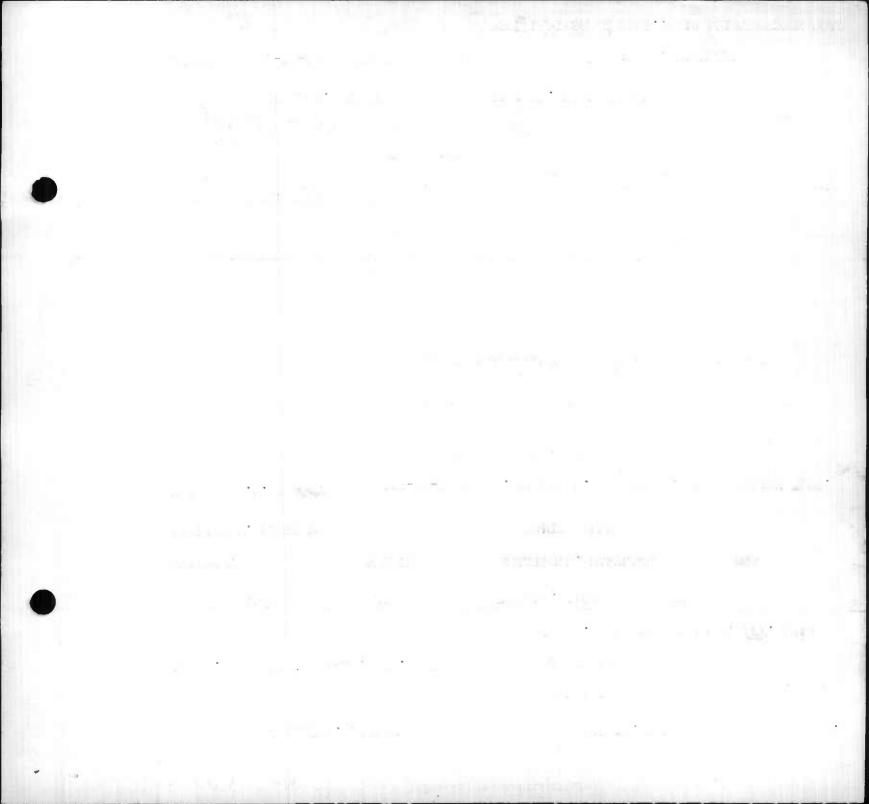
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ist be approved by the chief medical examiner or his assistant if death occurred in a hospital and	ased to the hospital by a medical examiner. Also, if the direct or contributing cause of death	dent of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	ospital (except where the physician who pronounced death was in regular attendance on the	; and (6) No physician was in regular attendance on the deceased prior to death. Such	must be obtained before the remains are embalmed or final disposition is made.	
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151	OB	9	05	P	E	

MAY 1 8 1972 VS 150-REV. 1/1/68

1	6-520 72 04737 BALTIMORE CITY	Y HEALTH DEPARTMENT
seth the ch	BIRTH NO. CERTIFICA	ATE OF DEATH REG. NO. 72 04737
0 0 10	1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
5005	JEROME W. BENESCH	MAY 14, 1972 9 P.M
hospitalise of (5) Dece	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, II institution: tesidence before admission) A. STATE B. COUNTY
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND C. CITY OR TOWN D. INSIDE CITY HMTS2
cau use; tend	100 W. COLD SPRING LANE, APT. 601E	BALTIMORE OF INSIDE CITY LIMITS?
ng car att	A D	E. STREET AND NUMBER
ed or	00	100 W. COLD SPRING LANE, APT. 601E
585500	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	DATE OF BIRTH
ntr rm egu	MALE WHITE WIDOWED DIVORCED	JINE 26 1894 77
n is	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY done during most of working lile, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
de de	MERCHANT RETAIL	BALTIMORE, MARYLAND USA
S. D. C. d.	13. FATHER'S NAME	BALTIMORE, MARYLAND USA 14. MOTHER'S MAIDEN NAME
irect (4) (4) the ispo	WILLIAM M. BENESCH	MANIE BLUM
stant ind; eath e on	15. Was Deceased Ever in U. 5. Armed Forces? (Tes,no or unknown) (II yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT ADDRESS
the the kin de nce fina	YES W.W. I ARMY 214-03-7953	AD ELECTIF II COURTINED 010 PIDELTTY DIDE
if if any ced and ar for f	18. ///	MR. EUGENE H. SCHREIBER, 912 FIDELITY BLDG.
C 0 4 E 6 7	DISEASE OF CONDITION DIRECTLY My	cardial infarcheri Servicia
Als Als att	(A) IMMEDIATE CAL	USE JACKEY
2.30.0	heart failure, asthenia, etc. It means the disease.	A CONSEQUENCE OF:
act act mb mb	injury or complication which caused death.)	ary occlusion Sudden
A fr	ANTECEDENT CAUSES (B)	
3) A	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	Sclerose Cardio Vascular diviase sus.
	UNDERLYING CONDITION last (C)	scientific caraco variation arrass yis.
edical edical burns; hysicia n was remain	Z OTHER SIGNIFICANT CONTRIBUTIONS	
med bu bhy du re	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING E TO THE DEATH BUT NOT RELATED TO THE TERMINAL OLISEASE OR CONDITION GIVEN IN PART 3 (A)	
الم مركب	O DISEASE OR CONDITION GIVEN IN PART 1 (A).	20A-AUTOPST? (Yes at No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFITING CAUSES OF DEATH?
chi Bo Bh th	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
ral by	OR CONTRIBUTING TO CAUSE OF	n or about 21 C, WHERE OID (II in Boltimore City, give exact location)
hospital hature; ppt whe (6) No ined be	DEATH Inolify medical examined	
hosp nature ept v d (6)	21D. TIME (Month) (Doy) (Toor) (Hour) 21E INJURY OCCURRED While AL	21F. HOW DID INJURY OCCUR?
ove he he cep	IAPPROX.) While AI No! While At Work At Work	° 🗆
I	22. I certify that (I) (this hospital) attended the deceased from	12-10 1962 10 5-14 1972
0.000	that (1) (we) last sow the deceased alive an 5 - 3	19 72 and that In(my) (ww) apinion death accurred on the date
A	and hour and from the causes stated abave. (1) (did) (did-not) v	lew the bady after death.
deat deat deat must	23A. SIGN AT URE	23B, DATE SIGNED
ccides ccides ccides to de al mu	Declare Phys	Inding Med. Shoff Phys. 5-15-72.
0 - 0	23C. PHYSICIAN'S	23D. ADDRESS
y was r y was r 1) An a b.A. at d d prior	ALFRED G. USSMAN	1101 ST. PAUL STREET
certificat sody was vs. (1) An D.O.A. al ased pric	24A. BURIAL CREMATION, REMOVAL (Specify) 248. DATE 24C. NAME at CEMETERT OF CRE	MATORY 24D. LOCATION (City, town, or county) (Stote)
This certification of the body shows: (1) was D.O. deceased written a	BURIAL 5-16-72 BALTIMORE HEBREW	BALTIMORE, MARYLAND
the books: was D. deceas	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	
≮ む ≮ む 幸 耳	MAY 18 1972 Pale 1 Jak 7 4 2 0 0	2SC. FUNERAL DIRECTOR ADDRESS OSOL LEVINSON & BROS.,6010 REISTERSTOWN ROAD



EXAMINER'S ASSOCIATE MEDICAL EXAMINER 5/14/72 Ronald N. Kornblum, M.D. NAME (Type) 24A. BURIAL CREMATION, 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) 24B. DATE (Stale) REMOVAL (Specify) HEBREW YOUNG MEN BALTIMORE, MARYLAND 5-15-72 2SA. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 2SC. FUNERAL DIRECTOR **ADDRESS** SOL LEVINSON & BROS., 6010 REISTERSTOWN VS 151-REV. 1/1/6B

SULTED THE TOTAL PROPERTY THE D-15-15 Therefore would be the second of the second 11 -20-out to a contact of the state of the HAT IR, THAT

BALTIMORE CITY HEALTH DEPARTMENT

6-650 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 72 04739
BIRTH NO.	
1. NAME OF DECEASED (Type or Print) FREDERICK GRIM	2. DATE Knawn Manth Day Year Haur OF DEATH Estimated Manth Day
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Manth Day Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD 5 15 1972 5:05 a
1630 Lancaster St.	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
male white widowed Divorced	Balto. YES NO NO
9. DATE OF BIRTH 10. AGE (In years H Under 1 Yr. If Under 24 Hrs last birthday) H Under 1 Yr. If Under 24 Hrs Months, Days, Haurs, Min	20 E. STREET AND NUMBER 20 KKXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
11. BIRTHPLACE (State or foreign country) West Virginia 12. CITIZEN OF WHAT COUNTRY? U.S.A.	13. FATHER'S NAME Frederick Henry Grim
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUST	
done during most of working life, even if retired) Laborer Ship yards	Vernie Mae Hite
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na ar unknawn) (If yes, give war ar dates of service) NO	Mrs. Vernie Mae Hite Grim-Baltimore, Md.
19. CAUSE OF DE	EATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	E CAUSE Drug addiction R AS A CONSEQUENCE OF: OR AS A CONSEQUENCE OF:
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V	WAS PERFORMED 21. AUTOPSY? (Yes or No.)
	yes
Z2A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB. UTING ☐ CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g. home, form, foctory, street, off long)	g., in ar abaut 22C. WHERE DID (If in Baltimare City, give exact lacation) HIJURY OCCUR?
22D. TIME (Manth) (Day) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY AMBROX	OT WHILE TWORK 22F. HOW DID INJURY OCCUR?
I certify that I held an Inquiry Inspection Are Actual Actual Actual Actual Actual Actual Actual Actual	Autapsy ond that on this basis, death in my opinion cide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 5-15-72
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETER	
Burial May 17,1972 Central Chap	
MAY 18 1972 Robert E. Jaber A.D.	Brown Funeral Home, Inc. Martinsburg, W.
VS 151-REV. 1/1/68	193739

7-6-1972 - Completion of cause of death on a pending medical examiner death certificate.

Russell S. Fisher, M.D.

HRS

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG, NO.
BIRTH NO.	NEO. 110.
1. NAME OF DECEASED (Type or Print) William H. Cooper . Henry	2. DATE Known Manth Day Year Hnur OF DEATH Estimated 5 4 72 M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Manth Day Year Haur
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	PRONOUNCED DEAD 5 4 72 17:50 p. S. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
532 W. Mulberry Street	A. STATE Md. B. COUNTY 1701
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
male Negro WIDOWED DIVORCED	
9. DATE OF BIRTH 5/13/96 10. AGE (In years If Under f Yr. If Under 24 Hrs. Manths, Days Haurs Min.	
11. BIRTHPLACE (Stole or foreign country) Baltimore, Md. 12. CITIZEN OF WHAT COUNTRY? U.S.A.	13. FATHER'S NAME
14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR dane during mast of warking life, even if retired)	Y 15. MOTHER'S MAIDEN NAME
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war ar dates at service) 17. SOCIAL SECURITY NO.	IB. INFORMANT ADDRESS Landon Smith , 3311 Bell Ave. 21215
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE	BETWEEN ONSET AND DEATH
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	AS A CONSEQUENCE OF:
DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	
	yes
UTING ACAUSE OF DEATH. 22D. TIME (Manih) (Day) (Year) (Hour) 22E.JNJURY OCCURRED OF INJURY (APPROX.) 5-4-72 UNK. m. WORK NOT AT WORK	, in or about 22C. WHERE DID (If in Boltimore City, give exact lacotion) to bidgo, etc.) INJURY OCCUR? 22F. HOW DID INJURY OCCUR? TWHILE Subject allevedly beaten
23. I certify that I held an Inquiry Inspection As	ond that on this basis, death in my opinion
resulted from: Notural eguses Accident Suici	de Homicide Undetermined monner
ACTUAL The le prulte	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE EXAMINER'S Peter Lipkovic, M.D. NAME (Type)	ASSOCIATE MEDICAL EXAMINER 5/5/72
24A, BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, lown, or county) (Stote) Baltimore
	emorial PK. Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25c. FUNERAL DIRECTOR ADDRESS Kenneth Law 4611 Park Heights Ave
	Kenneth Law 4611 Park Heights Ave.

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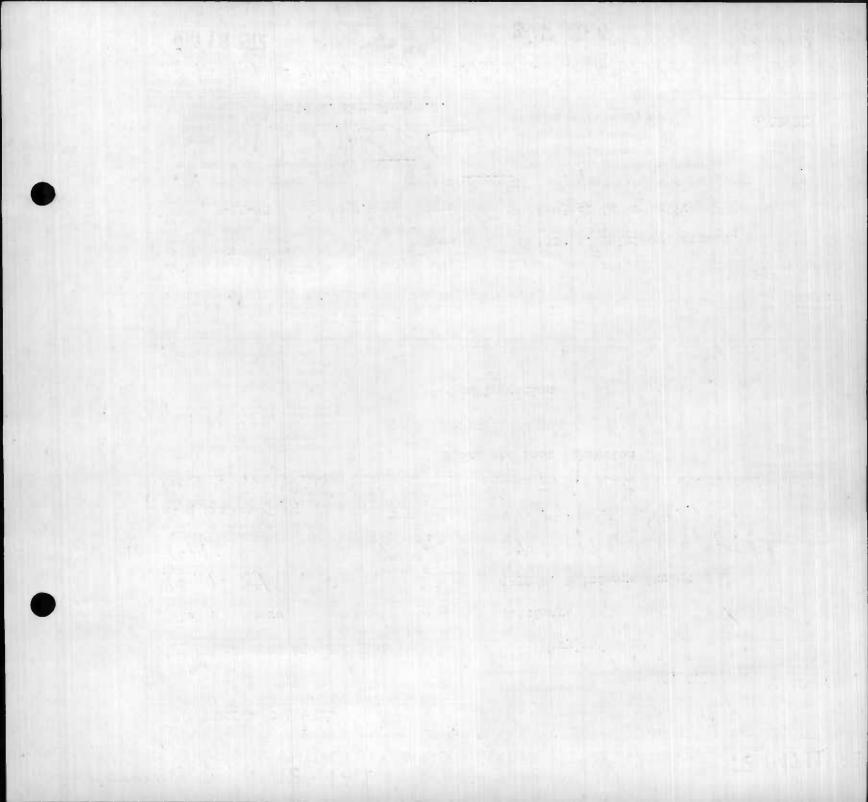
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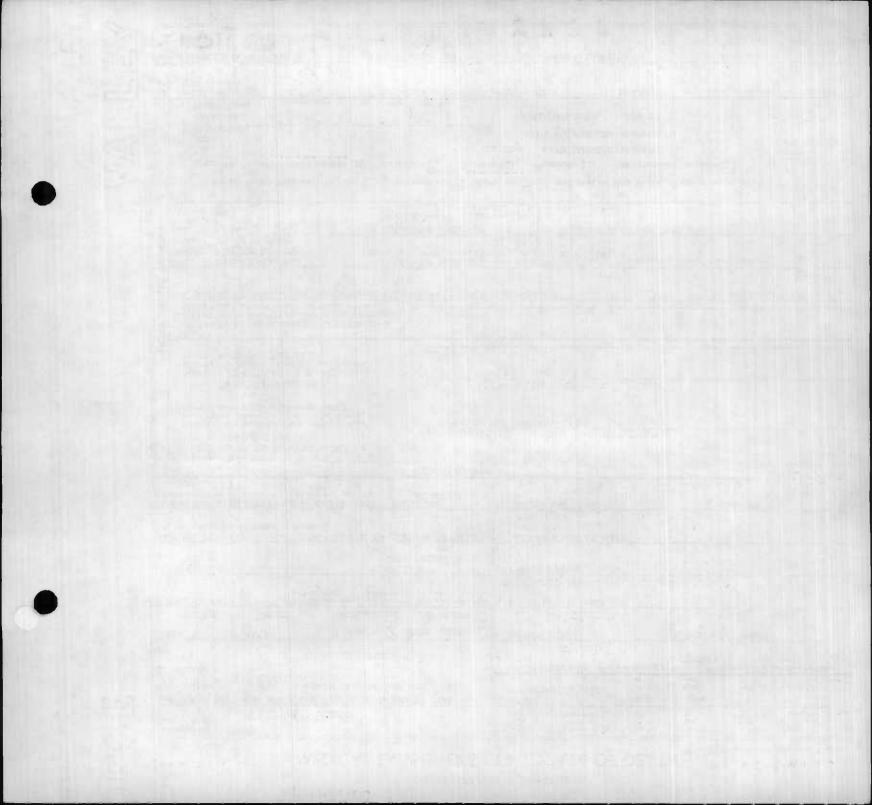
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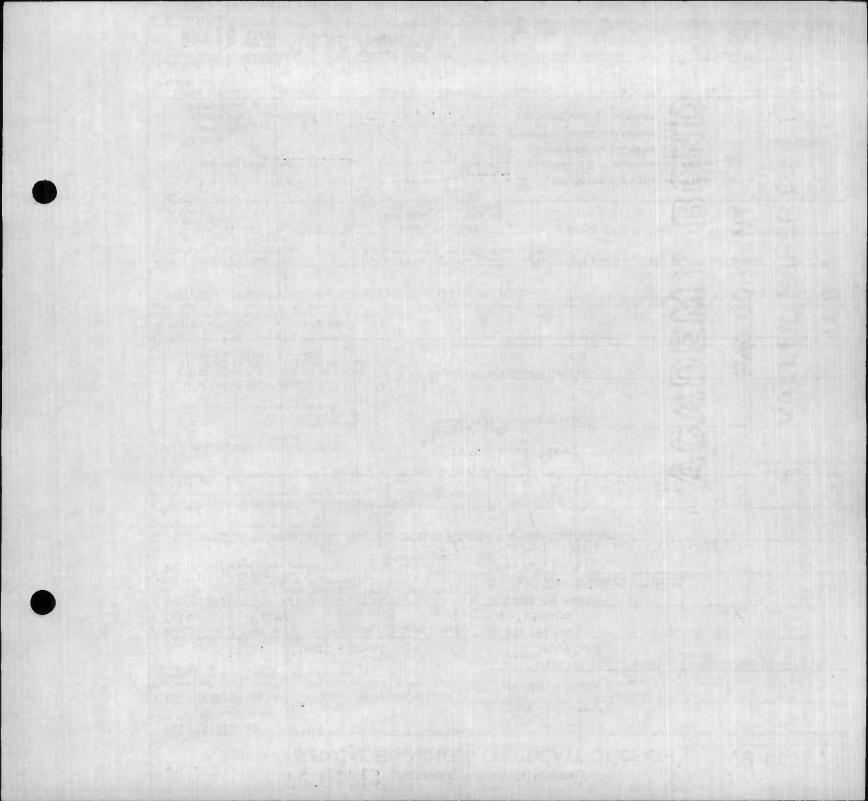
0	140 72 04741 BALTIMORE CITY HE	ALTH DEPARTMENT						
C -	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.	72 04741					
BIRTH N	10.	REG. NO.2						
I. NAM	Print)DANIEL CHAPPELL	2. DATE Known Manth Doy	Year Hour					
1700 01	CHAPPELL CHAPPELL	DEATH Estimoted	М.					
PLAC	E IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day	. Year Hour					
ULL NA		PRONOUNCED DEAD May 12, 1972	3:20 P.					
	ITUTION	5. USUAL RESIDENCE (Where deceased lived. If institution:	residence befare admission)					
35	CHURCH HOME AND HOSPITAL	A. STATE B. COUNTY Maryland	301					
. SEX	7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CIT	TY LIMITS?					
Ma	1 N		₩ n					
	WIDOWED DIVORCED		s NO					
, DATE	OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Days; Hours; Min.	E. SIKEEL AND NOMBER						
/-	-11-27 47	1530 E. Baltimore Street						
I. BIRTI	HPLACE (State or foreign country) 12. CITIZEN OF WHAT.COUNTRY?	13. FATHER'S NAME	11					
n	nd,	William Chan	DE//					
4A.USU	AL OCCUPATION (Give kind af work 148. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME						
die duri	a bore K	EFFIR Hanny	0 1-					
	DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT	DORESS					
Yasaha'a	security No.	Cartinda Bearings.	11341- FAVIT					
119. //	CAUSE OF DEA	TH GEFTFUGE DEGRESS	APPROXIMATE IN ERVAL					
L	A 7 / / 1/3	and Soot Inhabtion	BETWEEN ONSET AND DEATH					
	DISEASE OR CONDITION DIRECTLY	and book imageion						
(1	LEADING TO DEATH (A) IMMEDIATE C (b) does not mean the mode of dying, e.g., DIFTO OR 4							
h	gury art complication which coused death.)	AS A CONSEQUENCE OF:						
"		1						
	ANIECEDENI CAUSES (8)	lagration						
D	ISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR ISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:						
U	INDERLYING CONDITION LAST. (C)							
<u>Ó</u> —	\V/************************************							
	THER SIGNIFICANT CONDITIONS CONTRIBUTING							
	O THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).							
20 A.	DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION W	AS PERFORMED	21. AUTOPSY? (Yes ar Na)					
0 1			yes					
₹ 22A.	EXTERNAL CAUSE WAS 228 PLACE OF INJURY(e.g.,	in or obout 22C. WHERE DID (if in Baltimore City, give exa-						
SUN	DERLYING MOR CONTRIB- hame, farm, factory, street, affic	e bldg., etc.) INJURY OCCUR?	701					
	NG CAUSE OF DEATH. HOME TIME (Month) (Day) (Year) (Haur) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	et o					
OF I	INJURY	MANUE						
		ORK Subject in housefire						
23.	23.							
		tapsy and that an this basis, death in my	opinion —					
	resulted fram: Natural causes Accident Suicid	de Undetermined monner						
	() /1////	CHIEF MEDICAL EXAMINER	DATE SIGNED					
	SIGNATURE MED MICH MED	ASSISTANT MEDICAL EXAMINER						
	EXAMINER'S	ASSOCIATE MEDICAL EXAMINER	5/13/72					
	NAME (Type) Ronald N. Kornblum, M.D.							
	IRIAL CREMATION, 248. DATE 24C. NAME of CEMETERY	ar CREMATORY 24D. LOCATION (City, tawn	, or county) (State)					
KEMON	AL (Specify) 1 5-17-72 13 n 1/x 1/2	tipuel Com Balto	MI					
25A. DA	ATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C FUNERAL DIRECTOR	DDRESS					
ESA. UA	16V 1 8 1972	Miltin	110000					
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TV	MI 10 1012	0 13/12/12/16C. LICASON	2-1127 N.LGrol					



14-53	5	DICAL	BALTIMORE CITY HE EXAMINER'S			DEAT	TH REG. NO.	72	0474	2
BIRTH NO.							KEG. NO			
I. NAME OF DECE	ASED Willie Hi	nton		2. DATE OF	Knawn 🗀 X Estimated 🗀	Month 5	Day 15	72	12:40	P
4. PLACE IN BALTI			NOUNCED DEAD	J. DATE		Month	Day	Yeor	Hour	M,
FULL NAME OF			UTION, GIVE STREET	PRONO	UNCED DEAD	5	15	72	12:40	P. _{M.}
OR INSTITUTION	Johns Hop			S. USUAL I A. STATE	RESIDENCE (Where Maryland	deceosed	B. COUNTY	n: residence	S (sion)
6. SEX 7	. RACE	8. MARRIE	D NEVER MARRIED	C. CITY OF	TOWN		D. INSIDE CI	TY LIMITS?		
Male	Negro	WIDOWE	DIVORCED		Baltimore		Y	ES 🗵	NO 🗆	
P. DATE OF BIRTH		hdoy) \	f Under 1 Yr. If Under 24 Hrs. Nonths Days Haurs Min.		1509 N. Wa	ashing	gton Stre	eet		
TI, BIRTHPLACE (Sto	ar fareign country	(2. CHIZEN OF WHAT COUNTRY?	13. FATHER	'S NAME	, 74	inter)		
14A.USUAL OCCUP	ATION (Give kind of w rking life, even if relin	ork 14B. KIND	OF BUSINESS OR INDUSTR	Y 15. MOTH	R'S MAIDEN NAM	AE A	ita)		
16. WAS DECEASED	D EVER IN U.S. ARA	MED FORCES?	17. SOCIAL SECURITY NO.	18. INFOR	MANT	1 .	A	DDRESS	1 1	7.1
(120)	W.W. 7	L	J200	Ulan	es Henry	m-	1504	11.12	shire	tord
19.571	181		CAUSE OF DEA	TH /				BETT	PPROXIMATE IN	TERVAL ND DEATH
	OR CONDITION D	RECTLY								
(This does not heart follure, o	EADING TO DEATH mean the mode of asthenia, etc. It means dication which caused	the disease,	(A)IMMEDIATE (DUE TO, OR	AS A CONSE	conchopneur QUENCE OF:	monia				
DISEASES OF RISE TO THE UNDERLYING	TECEDENT CAUSES R CONDITIONS, IF A BOVE CAUSE (A) G CONDITION LAS II FICANT CONDITIONS IN BUT NOT RELATED	ANY, GIVING STATING THE T. CONTRIBUTI	(c)	ty alte	eration of	live	<u> </u>			
20A. DATE OF	ONDITION GIVEN II		OR WHICH OPERATION W	AS PERFORI	MED			21. AUT	OPSY? (Yes o	r Na)
U									Y es	
	AL CAUSE WAS OR CONTRIB-	2 h	28. PLACE OF INJURY (e.g., ome, farm, foctory, sireel, altic	, In ar about ce bidg., etc.)	22C. WHERE DID (INJURY OCCUR?	il In Baltim	are City, give ex	ict location)		
		(ear) (Hour)	WHILE AT NO	T WHILE	22F. HOW DID IN	JURY OC	UR?			
23. 1 cartif	fy that I hald an			stopsy 🗵	and that on th	ils basts	, death in my	apinian		
rasulta	difrom: Natural	auses 🗵	Accident Suici	de H			Inad manner			
ACTUAL	11001		De De	puty	CHIEF MEDICAL E				DATE SIGN	VED
SIGNATU		AN	M.I).	ISTANT MEDICAL E				5-16-7	
EXAMINE NAME (Ty		er U. Si	itz. M.D.		OCIATE MEDICAL E	XAMINER			J- 10-7	~
24A. BURIAL CREM. REMOVAL (Specify	ATION. 24B. DAT	9-72	24C. NAME of CEMETERY	or CREMAT	Cem 240.	LOCATIO	rtoit	n, or county	con (State	10)
25A. DATE REC'D B	1972 Rob	4 19 7	ME OF REGISTRAR	25C.	FUNERAL DIRECTO	Flic	Kind	DDRESS	Parel	In d
VS 151-REV. 1/1/68				1 5	1 3 7	7770	1201071	2/1/1	7	



B-653 72 04743 BALTIMORE CITY HE MEDICAL EXAMINER'S	ALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO.	72 04743
BIRTH INC.		
1. NAME OF DECEASED (Type or Print)	2. DATE Known Month Doy	Year Hnur
CHARLES R. BARNETT	DEATH Estimated	Year Hour
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD Month Doy	
[HOSPITAL ADDRESS OR LOCATION)	May 14, 1972	1:15 A. _{M.}
2210 N. Calvert Street	S. USUAL RESIDENCE (Where deceased lived. If Institution: A. STATE Maryland B. COUNTY	residence before admission)
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CIT	Y LIMITS?
Male Negro WIDOWED DIVORCED	Baltimore	s No 🗆
DO ACE DO SIDIL	II	3/24 110 12
last birthday) 29 Months; Doys; Hours; Min.	2110 N. Calvert Street	
11, BIRTHPLACE (State or foreign country) 12, CITIZEN OF	13. FATHER'S NAME	
WHAT COUNTRY?		
11. (arolina 12,11,	Charlie Barne	.//
14A. USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTR done during most of working life, even if retired)	Y IS. MOTHER'S MAIDEN NAME	
Labret	Clara Edward	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT AD	DORESS
(Yes, no of unknown) (If yes, give wor or dotes of service) SECURITY NO.	Charlin Bandette 33	CAGLWille A
119. CAUSE OF DEA	THE THE THE THE THE THE	APPROXIMATE INTERVAL
	sis of liver	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	sis of liver	
LEADING TO DEATH		
(This does not mean the mode of dylng, e.g., heart lailure, osthento, etc. It means the disease, injury or complication which coused death.)	AS A CONSEQUENCE OF:	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	AS A CONSEQUENCE OF:	
O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W		
20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION W	AS PERFORMED	21. AUTOPSY? (Yes or No)
10/2		
	1 1 22C WHIFPE DID MI P III	yes
UNDERLYING OR CONTRIB. home, form, factory, street, office UTING CAUSE OF DEATH.	In or about 22C. WHERE DID (II In Baltimore City, give exact bidg., etc.) INJURY OCCUR?	it location)
22D. TIME (Month) (Doy) (Year) (Hour) 22E, INJURY OCCURRED		
(APPROX) WHILE AT NOT	WHILE T	
23.		
I certify that I held on Inquiry Inspection Au	topsy 🗵 ond that on this basis, death in my	pinion
resulted from: Nettyol couses X Accident Suicio		i
	CHIEF MEDICAL EXAMINER	
ACTUAL / / // // //		DATE SIGNED
SIGNATURE MADE M.C		
EXAMINER'S Ronald N. Kornblum, M.D.	ASSOCIATE MEDICAL EXAMINER	5/14/72
NAME (Type)		
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town,	, or county) (State)
Buria 1 5-18-12-11 MT. Huby	in lem. We Trant	Nd.
25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR	2SC, FUNERAL DIRECTOR AL	DRESS
MAY 1 8 1972 Pober E. Jaker, M.D.	and transf. Flicker	1-1129N Carlin
VS 151-REV. 1/1/68	1 1 1 War of Second of	THE TAX TO STORY



BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO BIRTH NO I. NAME OF DECEASED DATE Known Month Day Yeor Hour (Type or Print) OF CATHERINE JOHNSON Estimoted DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Hour Month Dov Year PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 5 1972 9:45 14 HOSPITAL OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE B. COUNTY Md. Lutheran Hospital C. CITY OR TOWN 6. SEX 7. RACE D. INSIDE CITY LIMITS? B. MARRIED NEVER MARRIED female. Balto. YES X negro WIDOWED DIVORCED NOL 9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months | Doys | Hours | Min. E. STREET AND NUMBER last birthdoy 1621 Laurens St. 1) BIRTHPLACE (State or foreign country) 13. FATHER'S NAME 12. CITIZEN OF WHAT COUNTRY 14A USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME dang during most of working life, even if retired) Laudrens 16. WAS DECEASED EVER IN U.S. ARMED FORCES? IB. INFORMANT SOCIAL (Yes, na or unknown) (If yes, give wor or dotes of service) SECURITY NO. CAUSE OF DEATH BETWEEN ONSET AND DEATH Hypertensive & arteriosclerotic cardiovascular disease DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (c)__ OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). CERTI 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) ves ₹ 22A. 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (if in Boltimore City, give exoct location) home, form, factory, street, office bldg., etc.) INJURY OCCUR? EXTERNAL CAUSE WAS UNDERLYING TOR CONTRIB-UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE I (APPROX.) AT WORK WORK I certify that I held an Inquiry Inspection Autopsy X and that on this basis, death in my opinion Homicide resulted from: Natural causes X Accident ___ Suicide Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE M.D. **EXAMINER'S** ASSOCIATE MEDICAL EXAMINER 5/15/72 Russell S. Fisher, M.D. NAME (Type) 24A BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote) REMOYAL (Specify)

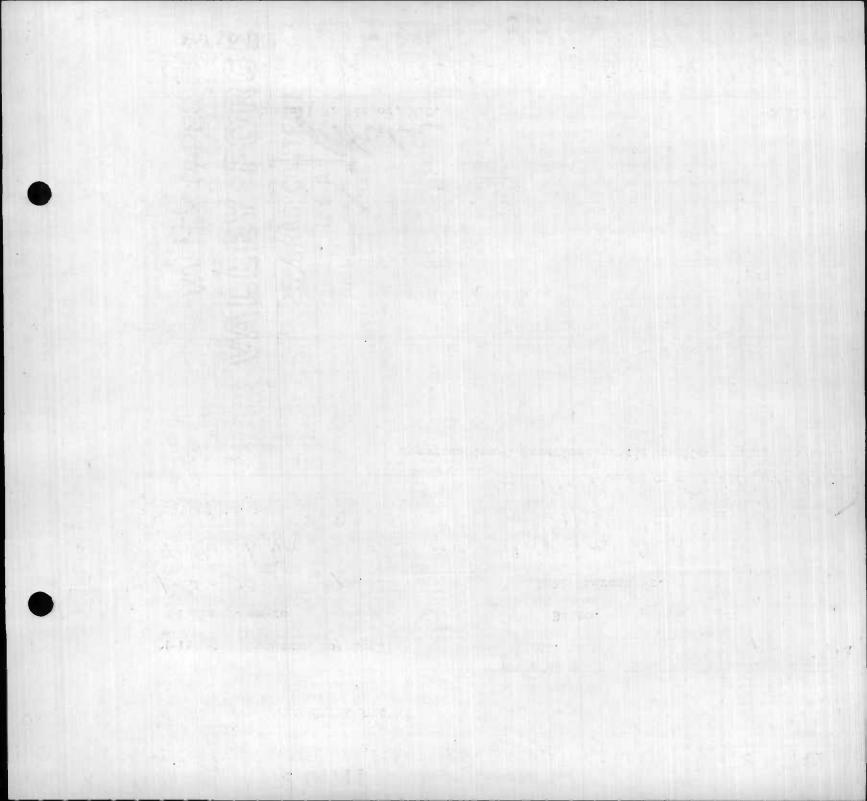
25C. FUNERAL DIRECTOR

ADDRESS

VS 151-REV. 1/1/6B

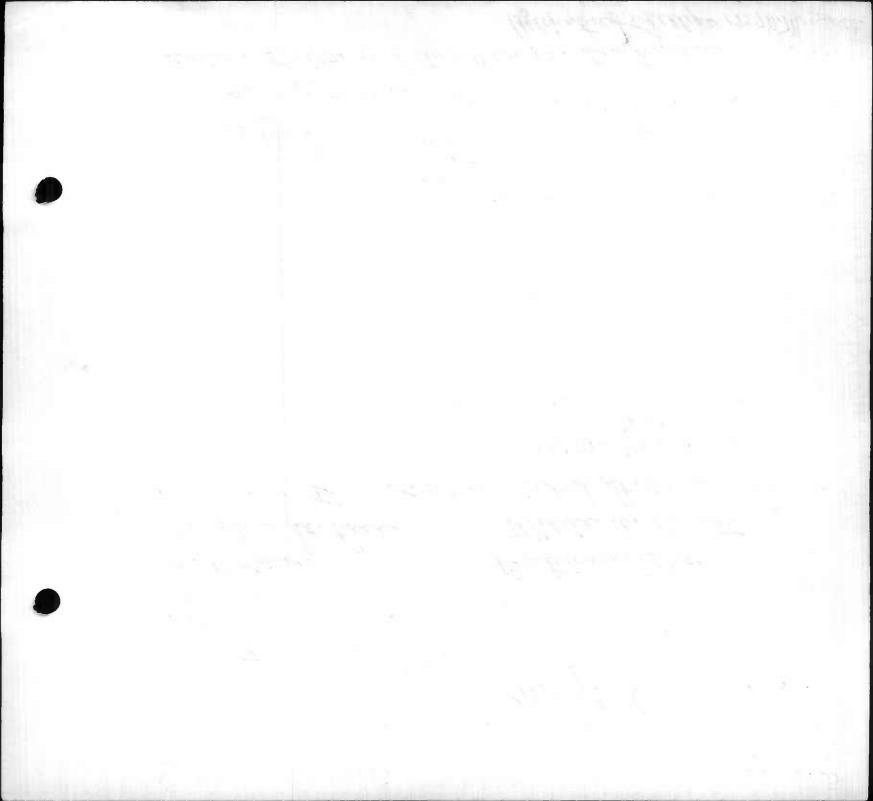
25A. DATE REC'D BY HEALTH DEPT.

25B. NAME OF REGISTRAR



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1	S-536 72 047	(45)	HEALTH DEPARTMENT	REG. NO.	72 04745
	NAME OF DECEASED	CERTIFICA	TE OF DEATH		
	pe er Print St. ROSE	Reginald	2. DATE AI	ILL 77	1 3 145 D
3.	PLACE IN BALTIMORE MARYLAND, WHERE PI	ONO UN CEDI DEAD	V	ere deceased lived, thin	stitution: residence before admission
F.	ILL NAME OF (IF NOT IN HOSPITAL OR I	NSTITUTION, GIVE STREET	Maryla	ux	1605
IN	STITUTION ADDRESS OR LOCATIONS	1 -	C. CITY OR TOWN	D. INSII	DE CITY LIMITS?
4	Futherin Ha	sfetal	E. STREET AND NUMBER		YES NO
	//		12319 Rig	193 AUE	
5.	SEX 6. RACE 7. MAR	RIED NEVER MARRIED		9. AGE (In years lest birthday)	If Under 1 Yr. Il Under 24 Hrs. Months; Doys Hours; Min.
10/	NAC WIDO	WED DIVORCED	3-31-08	64	
do	e during most of working life, even it retired)	D OL BOSINESS OF INDOSIKE	11. BIRTHPLACE (Stole et fore	eign country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME	,	14. MOTHER'S MAIDEN NA	ME DIG.	
	alasthus St. Ka	el	711:00:00	A Bood	H.
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s,ne or unknown! (If yes, give wer ar dates of sen	ice) 1 6. SOCIAL	17. INFORMANT	u, pour	ADDRESS
	yes w.w. II	215-05-9042	miched	It. King	Same
0	18.410.9	CAUSE OF DEAT	H	a 1 parce	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		CAPNID-	DECDIRA	TORY
	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dis	e.g., (A) IMMEDIATE CAL	A CONSEQUENCE OF:	AD DEC	100
	injury ar complication which caused death.)	last,	0	TIKKES 1	
	ANTECEDENT CAUSES	(B) M / O	CARDIAL	INFARCT,	ON.
	DISEASES OR CONDITIONS, if any, g	the DUE TO, OR AS	A CONSEQUENCE OF:		
	UNDERLYING CONDITION last.	(c)	***************************************		********
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUT				
CATI	TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************			
CERTIFIC	19A-DATE OF OPERATION 198 CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSYT (Yes or No	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
-	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218 PLACE OF INJURY (e.g., inheme, term, lectory, street, ef	n er obout 21 C. WHERE DID	(It In Baltimere	City, give exact fecetion)
CAL	DEATH (netify medical exemine)	etc.)	inca pind? [14] OK! OCCOK:		
MEDI	OF INJURY (Menth) (Doy) (Yeel (Hour)	21 E. INJURY OCCURRED White At Net White	21 F. HOW DID INJ	URY OCCUR?	
	(APPROX.)	Werk L. Al Work		7) (- 117.
	22. I certify that (1) (this hospital) attend	6 111	2 - 14 -	19 /2 ta	3-19-19-12
	that (1) (we) last saw the deceased alive			at in (my) (aur) apin	an death accurred an the date
	and haur and from the causes stated above	re. (1) (We) (dld) (did hat) v	lew the bady after death.		23R DATE SIGNED
	1 Cawton	I Phys	nding Med.	Staff Phys.	5.14.72.
	23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS LA # 10	ran Hosh.	Balto Md 21216
244	SAIMUEL J.	EDWIN M.D.			
245	REMOVAL (Specily)	C. NAME OF CEMETERY OF CRE	MATORY 24D. M	DCATION (City	, town, or county! (Stole)
254	DATE REC'D BY HEALTH DON'T. O 25% NA	ME OF REGISTRAR	25C, FUNERAL DIRECTOR	allegian	ADDRESS,
1	MAY 18 1972 VALUE & WELL	See M.D.	Malaratus	At 1,00,0	e 1720 Meurest
VS	150-REV, 1/1/68			appring.	112/11/10



N-560 72 04746 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE

MEDICAL EXA	MINER'S	CEPTIFICA	TE	OF	DEATH

14	calling.
	na The
REG. No.	
Day Yeor	Hour
4 72	M.
Doy Year	3:45 p.
4 72	13:45 p.
d. If Institution: residence	
D. INSIDE CITY LIMITS?	
YES 🗌	№ П
ie	
ADDRESS	
	APPROXIMATE INTERVAL WEEN ONSET AND DEATH
lar disease	
ital discase	
U-02 H0	
21. AUT	OPSY? (Yes or No)
	no

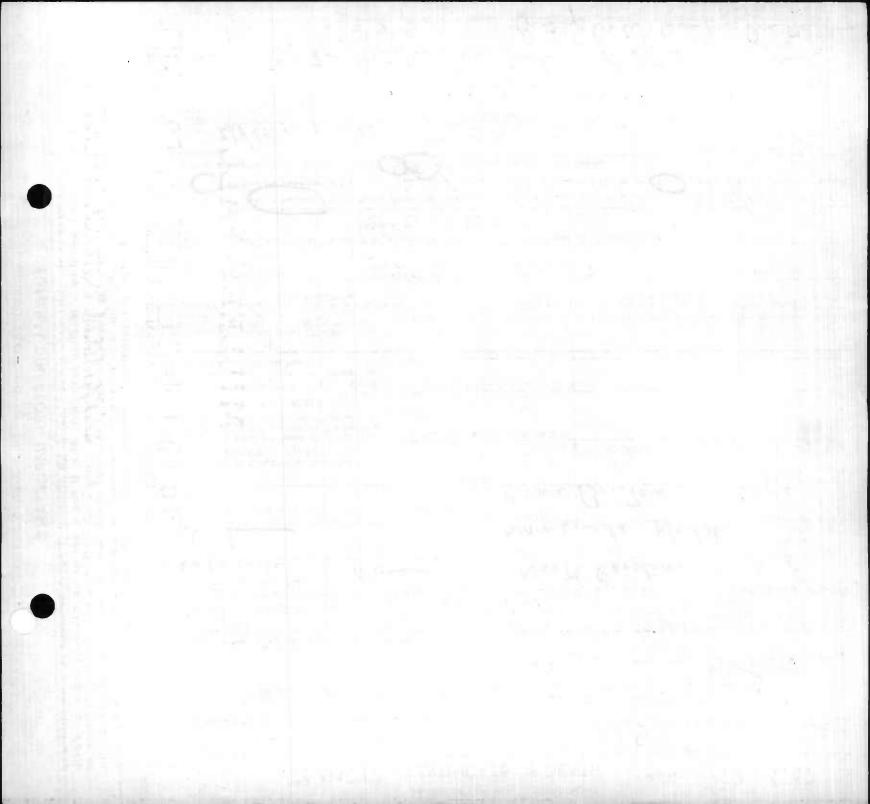
BIRTH NO.								MEO, IN	16	
	CEASED				2. DATE	Known XX	Manth	Day	Yeor	Hour
(type of Film)	Bes	sie Ne	imeve	r	DEATH	Estimated 🔲	5	4	72	
4. PLACE IN BA					3. DATE		Month	Doy	Yeor	Haur
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NO ADDRE	T IN HOSPITA	AL OR INSTI	TUTION, GIVE STREET			May	4	72	l3:45 p.
00	3008 H	amilto	n Avei	nue	A. STATE Md	e siberior (when	e deceased ii	B. COUNTY	2	744
6. SEX	7. RACE		8. MARRII	ED NEVER MARRIED	C. CITY OF	TOWN		D. INSIDE C	ITY LIMITS?	
NAME OF DECEASED PLACE IN BALTIMORE, MARTIAND, WHERE PRONOUNCED DEAD PLACE IN BALTIMORE, MARTIAND, WHERE PRONOUNCED DEAD UI, NAME OF ADDRESS OF LOCATION) 3008 Hamilton Avenue 3.008 Hamil	NO 🗆									
9. DATE OF BIRT	Н	lost birthdo	yeors y)				n Arror			
II. BIRTHPLACE	State or loreig		1				ni Avei	iue		
			148. KIND	OF BUSINESS OR INDUSTR	IS. MOTHE	R'S MAIDEN NA	ME			
					18. INFOR	MANT			DDRESS	
19. // / -	21.			CAUSE OF DEA	TH					PPROXIMATE INTER
7/	7	TION DING						1 1		WEEN ONSET AND E
DISEAS			CILY			rotic card	llovaso	cular di	sease	
(This does	nat mean the	mode of dy	Ing, e.g.,	DUE TO, OR	AS A CONSEC	UENCE OF:				
									7.20	
			CIVING	(8)	AS A CONSE	OUENCE OF				
RISE TO TH	E ABOVE CAL	USE (A) STA	TING THE	501 10, 0K	AS A CONSE	QUENCE OF:				
Z	NG CONDIII	ON LASI.		(c)						
E		11								
OTHER SIGN TO THE DE DISEASE OF	ATH BUT NOT	RELATED TO	THE TERMIN	NG NAL						
20A. DATE O	FOPERATION	1 208. CO!	VDITION F	OR WHICH OPERATION W	AS PERFORM	NED			21. AUTC	PSY? (Yes or N
Ö										10
Z 22A. EXTER	NAL CAUSE	WAS	2	28. PLACE OF INJURY (e.g.,	In or obout 2	2C. WHERE DID	(II in Boltimo	re City, give ex		10
UNDERLYING			h	ome, larm, factory, street, offic	e bidg., etc.) I	NJURY OCCUR?				
∑ 22D. TIME			·) (Hour)	22E.INJURY OCCURRED		2F. HOW DID IN	JURY OCC	UR?		
OF INJURY			, (,							
			г							
	elfy shae I h.	ald on 1	nauisy [Inspection VI A.,		and shae an e	Lie beete	dansh ta		
			17/49							
resul	ted from: N	aturol cou	50577	Accident L Sulcid				ned monner		
ACTUAL	<	A	/.	11771						DATE SIGNED
		Sur	lu	VIUL M.D	. ASSI	STANT MEDICAL	EXAMINER 2	KIK.		
	PP	ter Vi	pkovi	c, M.D.	ASSO				IDVI	5/5/72 AND
	MATION, 2	48. DATE 5-15.	-72	24C. NAME of CEMETERY	or CHENA	PY UM 12403	ADON NO.	Udiy, 182	CCMA	(Stote)
25A. DATE REC'D	BY HEALTH	DEPT.	258. NA	ME OF REGISTRAR	UNI	AURENA POINECH	OR ME	HLAL	ADDRESS	UL
MAY 18	1972	Palled.	4 400	Bey A.d.		MORTILA	RYC	ERMA	2 79	Acti
VS 151-REV. 3/1/6	В		100	/ / /	1			1 1 2 2 2 2 2	4 10 10	WEITZ

IMPORTANT FUNERAL DIRECTOR:

VS 150-REV. 1/1/68

1		M-254 72 CATAS BALTIMORE CITY	HEALTH DEPARTMENT TE OF DEATH REG. NO. 72 04747				
and sed the the		RIH NO. CERTIFICA					
S	(Ту	McMillian Malinda	2. DATE AND HOUR OF DEATH				
ath occurred in a hospital contributing cause of idetermined cause; (5) Decin regular attendance of deceased prior to death.	3.	PLACE IN BALTIMORE MARTLAND, WHERE PRONOUNCED DEAD	A. USUAL RESIDENCE (Where decrosed lived. If institution: residence below odmission) A. STATE B. COUNTY				
	HC	JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Baltimore Maryland 665				
	l in	3 3	Baltimore D. INSIDE CITY LIMITS? YES D NO				
	1	The Johns Hopkins Hospital	E. STREET AND NUMBER				
	5, 5	SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE Un years If Under 1 Yr. , If Under 24 Hrs.				
	104	remale Negro WIDOWED X DIVORCED	4/29/06 lost birthdoy 66 Months Doys Hours Min,				
	don	A. USUAL OCCUPATION (Give kind of work TOB, KIND OF BUSINESS OR INDUSTRY no during most of working life, even if retired)	North Chroline U.S. A.				
d d d	13.	FATHER'S NAME	14 MOTHER'S MAIDEN NAME				
	L	Under	makinda Roddy				
ind af	15, (Ye:	Wes Deceased Ever in U. S. Armed Forces? s, no or unknown! Of yes, give war or dates of service! SECURITY NO.	17. INFORMANT ADDRESS				
לב לה של לה הם המיל לה המיל המיל המיל המיל המיל המיל ה	-	118. CAUSE OF DEATH	HNNA Brislow SAME				
his as Iso, if of any unced tenda		DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND OF ATH				
O Y O C D E		LEADING TO DEATH This does not mean the mode of dying, e.g., (A) MMEDIATE CAU DUE TO, OR AS A	SE CALCUS PULMENCRY (MAST / hr)				
iner. actu pro ular mba		heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	1 +				
A fred		ANTECEDENT CAUSES (B)	betis				
(3) / (3)	I	rise to the above cause (A) slating the	A CONSEQUENCE OF:				
dical lical rrns; sicia was main		UNDERLYING CONDITION lost, (C)					
medical physical war war rem	CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL					
200		DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSYS (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
C	CERT		140				
エーンる。る	0	DEATH Inolity medical examined etc.	ice bldg- INJURY OCCUR?				
osp osp osp v to (6)		21D. TIME (Month) (Doy) (Year) (Houd 21E INJURY OCCURRED OF INJURY (APPROX.) While At Not While	216 HOW DID INJURY OCCUR?				
he h ny ng exce and obtai		22. I certify that (V (this hospital) attended the deceses fram	1/17 20 1/19 73				
0000		that (I)((we) lost saw the deceased olive on	19 7 2 and that In(my) (our) opinion deoth occurred on the date				
eased tident or nospital death must b		ond hour and from the couses stated above (1 (We) (did) (did not) vi					
		236 SIGNATURE Should by Me MD AHON	ading Med. Stoff 2				
E 0 U 0 + 0		2C.PHYSICIAN'S NAME (Type) 2 C.PHYSICIAN'S PAGE Phys. 2 C.PHYSICIAN'S PHYS. 2 C.PHYSICIAN'	3D. ADDRESS				
was r was r A. at prior pprov		James Franklin Grim, M.D.	The Johns Hopkins Hospital				
# >5000	24A	A. BURIAL CREMATION, 248, DATE 24C, NAME of CEMETERY OF CRE	MATORY 24D. LOCATION (City, town, or county) (Stote)				
	25A	DUTING 5-12-72 Itrolous Ven	25C, FUNERAL DIRECTOR ADDRESS				
This the show was dece		MAY 18 19/2 Was & Table 18 19	Epizar O. W. (1000 Prantey An				

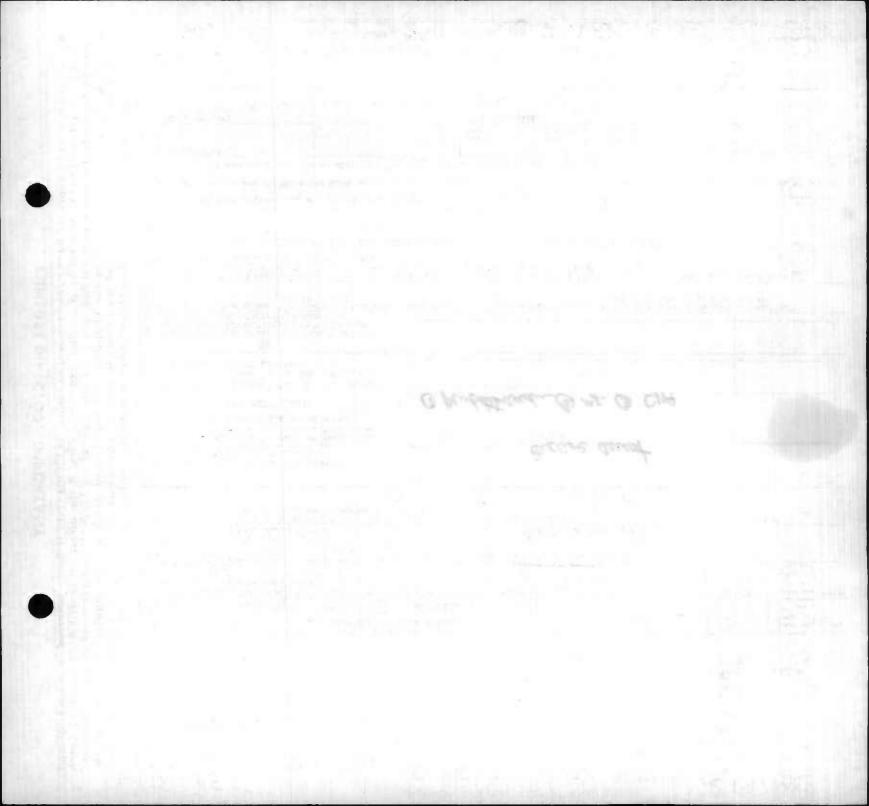
Brew-



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. a hospital and This certificate must be approved by the chief medical examiner or his assistant if death occurred in

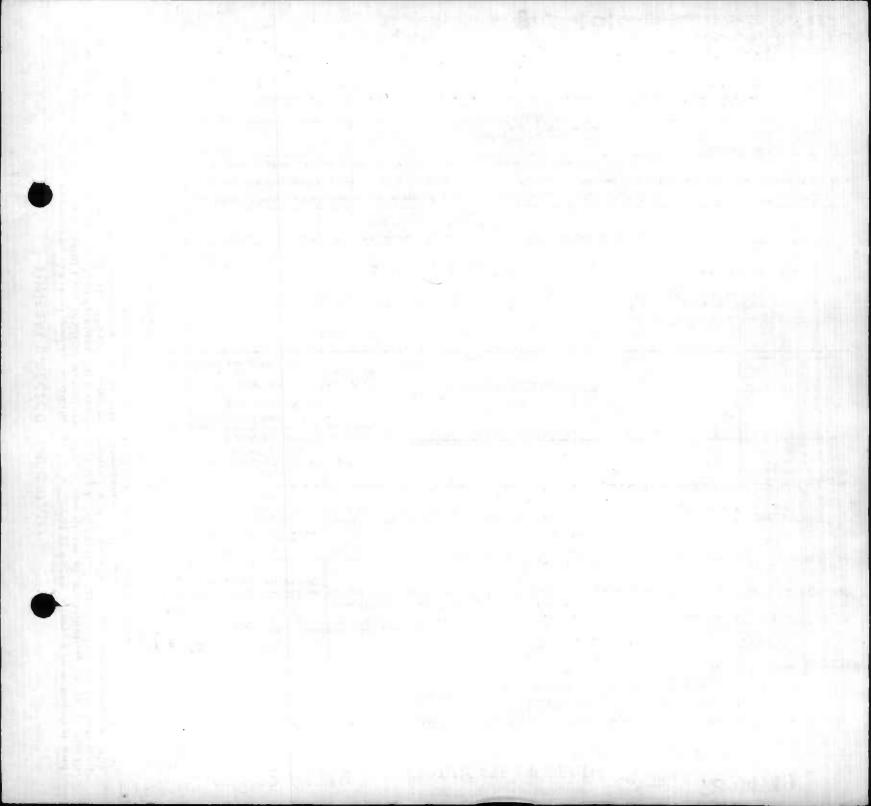
VS 150-REV. 1/1/68

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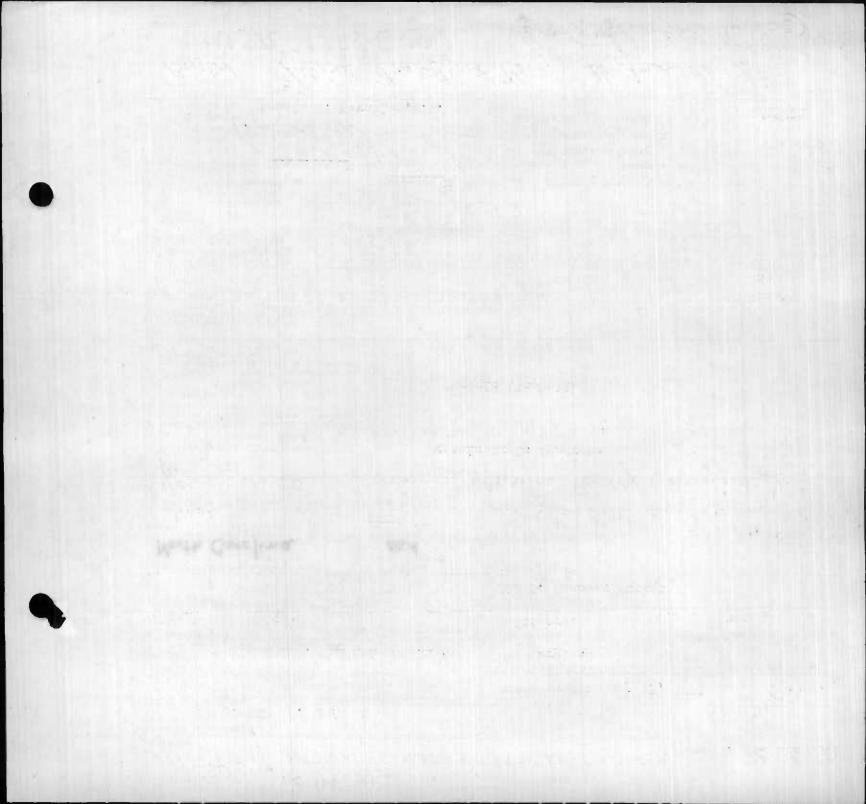


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	5-135		110	BALTIMORE CITY	HEALTH DEPARTMENT	11-2	72 04749		
BIRT	H NO.	72 047	49	CERTIFICA	TE OF DEATH	REG. NO	74 04749		
	AME OF DECEAS	ED			2. DATE A	ND HOUR OF DEATH	1 45		
	HICKS	BYERS	EP	TON	5/1	2/22	13 A M.		
3. P	LACE IN BALTIM	ORE MARYLAND, W	HERE PRONC	DUNCED DEAD	A. STATE B. COU	nere deceased lived. If	institution: residence before admission)		
HO	L NAME OF SPITAL OR TITUTION	(IF NOT IN HOSPITA	AL OR INSTITUTION)	TUTION, GIVE STREET	Oklahoma C. CITY OR TOWN	In IN	SIDE CITY LIMITS?		
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)	BUTTYS	HOPKI.	US	HOJP.	E. STREET AND NUMBER 100 Westw	boo	74884		
5. S	EX . 4 16. 1	ACE .)	7. 44 4 9915	Matrice Manner [8. DATE OF BIRTH	9. AGE (In years			
	M	W	WIDOWED		8/14/06	lest birthdoyl 65			
done	during most of work	TION (Give kind of work ing life, even if refired)	108, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY?		
	Lawy				Othahom	a .	USA		
13. F	ATHER'S NAME				14 MOTHER'S MAIDEN NA		USA		
		as Epton			Dora Hepp				
Yes,	Vas Deceased Eve	r in U.S. Anned Fere yes, give war or date:	es? of service)	SECURITY NO.	17. INFORMANT	100	Westwood 745EC		
	No	-			Mrs Thelma F		ewoka Oklahoma		
	18.////	91		CAUSE OF DEAT		pion v	APPROXIMATE INTERVAL		
		R CONDITION DIR	ECTLY	MIN	morandia	Inlan	BETWEEN ONSET AND DEATH		
		DING TO DEATH		(A) IMMEDIATE CAN	SE	org or a	O) 1 H		
li i	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,								
	injury or complication which coused death.)								
	ANT	ECEDENT CAUSES		100 000	viany wi	und or	2000		
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:								
	rise to the above cause IA) stating the UNDERLYING CONDITION last. (C)								
-		11		(C)					
ATION	OTHER SIGNIFICAL	NI CONDITIONS CON	TRIBUTING						
AT	DISEASE OR COND	IT NOT RELATED TO THE	1 (A).	**************			***************************************		
CERTIFIC	9A-DATE OF OP	ERATION 198 CONT	ORMED	WHICH OPERATION	20 A. AUTOPSYT (Yes or N Yes		FINDINGS CONSIDERED		
8	21 A ACCIDENT V	VAS UNDERLYING	216	PLACE OF INITIONIA A	ar about 21 C. WHERE DID	64 4 D 44	Ch.		
CAL	OR CONTRIBUTION DEATH (notify med	VAS UNDERLYING COMMON CAUSE OF	hor	ne, form, foctory, street, al	ice bldg. INJURY OCCUR?	(It in Boltima	re City, give exact location)		
o :	TOTIME (M	onth) (Day) (Year)	(Hour) 21E	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?			
2	(APPROX)		Wi	nile Al Not While					
	22. I certify that	(DY tobie basaleal)	-		116	10 777 . 5	113		
	19 22 to 19 12								
	that (1) (we) lest saw the deceased alive on 19 2 and that in (my) four) opinion death occurred on the date								
	ond hour and from the causes stated above (1) (We) (did) (did not) view the body after death.								
	VI 1000	lan. D.	811	ATT MI AMO	nding Med.	Swift C	23R DATE SIGNED		
1	will	offer -	1) 10	DEGREE Phys	Director L	Stoff Phys.	13/11/12		
1	NAME (Type)	D1	0 4-	2	3D. ADDRESS				
		Penelope	SCOT.	t, M.D.	The Johns	Hopkins Ho	spital		
24 Å.	BURIAL CREMAT	ION, 248, DATE	/ 24C.N		MATORY 24D. I	LOCATION IC	ily, town, or county) (State)		
	Buriol.	3/0/7	2 /3	akwood Co.	meters	In wich	1. 8601.		
25A.	DATE REC'D BY	HEALTH DEPT	358 NAME	N KEGIŞIN NK	25C. FUNERAL DIRECTO	R	TADDLESS AG		
	MAY 18	1972 Jaben	ع کے حاصل	Den Com	the of the	f l. l	Ball Md. 21223		
VS 1	50-REV. 1/1/68		3	4 4/2	Charles of	quargine)	REALITY CIERS		



72 04750 BALTIMORE CIT	Y HEALTH DEPARTMENT	
1112141	'S CERTIFICATE OF DEATH REG. N	72 04750
BIRTH NO.	KEG, N	0
1. NAME OF DECEASED (Type or Print)	2. DATE Known Month Day	Yeor Hour
EUGENE E. McCALL	OF DEATH Estimated	M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD May 13, 1972	3:46 A.
SOUTH BALTO. GENERAL HOSPITAL	5. USUAL RESIDENCE (Where deceased lived. If Institu A. STATE Maryland B. COUNT	
6. SEX 7. RACE B. MARRIED NEVER MARRIE MIDOWED DIVORCE	Baltimore	CITY LIMITS? YES NO
	4 Hrs. E. STREET AND NUMBER	110
11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR IND	SUSTRY 15. MOTHER'S MAIDEN NAME	79 Murdock A
done during most of working life, even thretired)	B . 1000 11 2	1 11 11 11 2000
None	Dessie Novall A	shville, NC 288
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, np or unknown) (If yes, give wor or dotes of service) 17. SOCIAL SECURITY NO		ADDRESS
VES NWII 242-22-73	306 Charles teen & Bre	nard N.C
19. 2 0 2 2 CAUSE OF		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISTANCE OF CONTRIVENION DIRECTIVE OFFICE	nic Brain Syndrome	DETWEEN CHOSE AND DEATH
LEADING TO DEATH		
(A)IMMED	DIATE CAUSE D. OR AS A CONSEQUENCE OF:	
heart failure, asthenia, etc. It means the disease, thiury or complication which coused death.)	J, OK AS A CONSEQUENCE OF:	
many or complication which course downly		
ANTECEDENT CAUSES (8) Ch	nronic Alcoholism	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	O, OR AS A CONSEQUENCE OF:	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
DISEASE OR CONDITION GIVEN IN PART 1 (A).		
DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION	ON WAS PERFORMED	21. AUTOPSY? (Yes or No)
ō		no
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY	Y(e.g., in or about 22C. WHERE DID (If in Baltimore City, give	
UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH.	et, office bldg., etc.) INJURY OCCUR?	
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCUI		
(APPROX.) WHILE AT	NOT WHILE AT WORK	
23.		
I certify that I held on Inquiry Inspection	Autapsy ond that on this basis, death in r	ny opinion
resulted from: Notaral couses X Accident	Vicide Homicide Undetermined monne	
ACTUM X / 07/1//	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE MY MICHAEL	M.D. ASSISTANT MEDICAL EXAMINER	
EXAMINER 8	ASSOCIATE MEDICAL EXAMINER	E /10 /70
NAME (Type) Ronald N. Kornblum, M.D.		5/13/72
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEME	ETERY or CREMATORY 24D. LOCATION (City, 1	own, or county) (State)
REMOVAL (Specify)	A 11 11 1	1 41
Burney 1/1/22 Crate()	uk Cem. Henderson C	o. p.C.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS 7
MAY 18 1972 Robert E. Jaber, 163,	le f. 1. 1. 1	Do many
MILLI TO MAKE THE PARTY OF THE	a sound schurting	(21223)
VS 151-REV. 1/1/68		

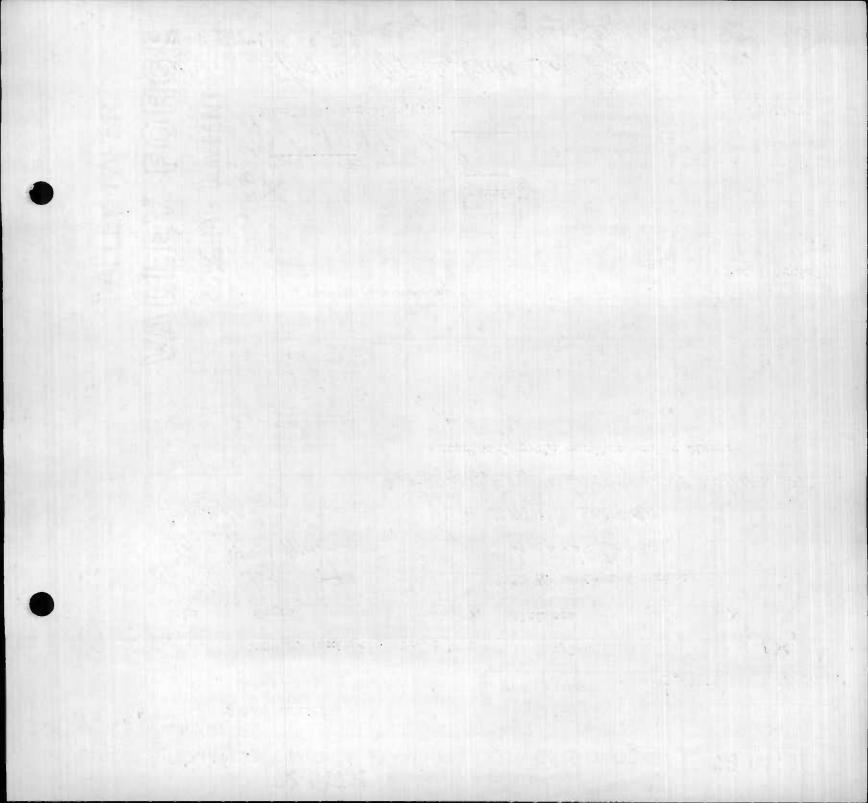


ADDRESS

25B. NAME OF REGISTRAR

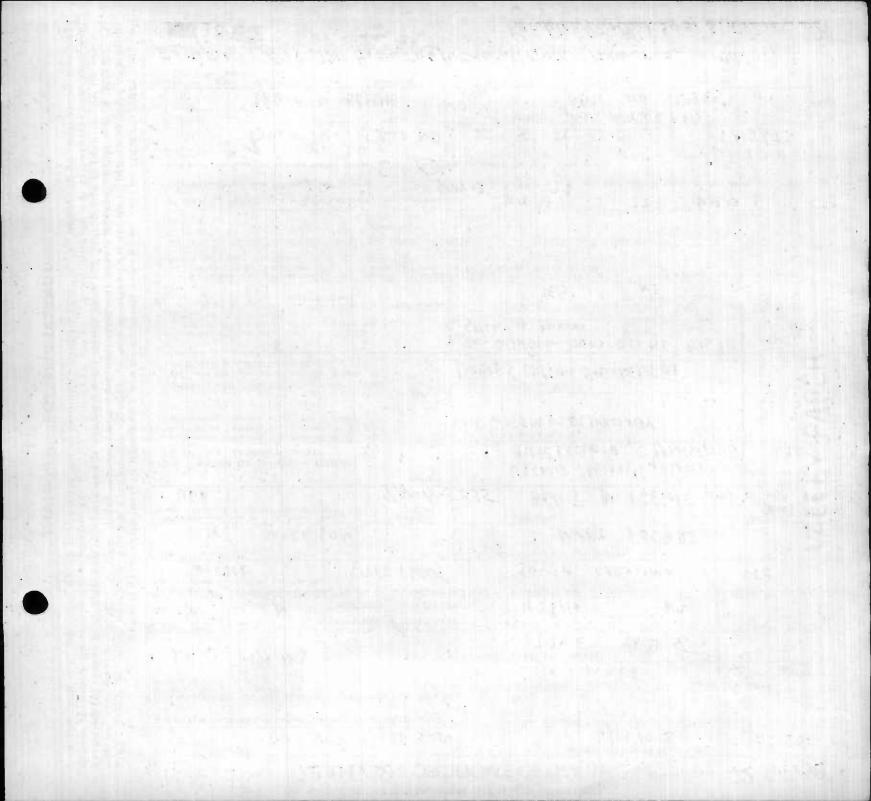
25A. DATE REC'D BY HEALTH DEPT.

VS 151-REV. 1/1/6B



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

1	77		BALTIMORE CITY	HEALTH DEPARTMENT			
	H NO.	04752	CERTIFICA	TE OF DEATH		72	01752
	AME OF DECEASED HUBER.	T wo	RRISON	2. DATE	113 /7 2		6:28 Pm.
3. P	LACE IN BALTIMORE, MARYLAND, W	HERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (WHA. STATE B. COU	ere deceased lived. If ins	stitution: res	idence before admission)
HO	SPITAL OR ADDRESS OR LOCA	AL OR INSTITU	TON, GIVE STREET	(C. CITY OR TOWN		DE CITY LIA	805
INS	TITUTION			BALTIM	ORE	YES Z	NO 🗆
13	JOHNS HOPKINS			E. STREET AND NUMBER	25 14 51.		
5. \$	EX 6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	Il Under	1 Yr., II Under 24 Hrs.
	M N	WIDOWED	DIVORCED	1/28/10	lost birthdoyl 62	Months	
	USUAL OCCUPATION (Give kind of work during most of working lile, even if retired) WELDER		- PLANT	11. BIRTHPLACE (State or fo	AROLINA		Sof
13. 6	ATHER'S NAME			14. MOTHER'S MAIDEN NA	AME	-	
	IKE MURRIS				FOSTER		
	Vas Deceased Ever in U. S. Armed Fai ,no or unknown) (If yes, give war ar date		16. SOCIAL SECURITY NO. 718-18-5-335	17. INFORMANT BRUCE A	h. GREENE		JOHNS HOYKINS HOSP. BALTU, MD
	18.		CAUSE OF DEAT				
	DISEASE OR CONDITION DI	RECTLY		YKENIA, ALI	hosis Hypucae	CEMA	I WEEN ONSE! AND DEATH
	LEADING TO DEATH		(A) IMMEDIATE CAU	SE HYPERKALIMIA, ? PANIREATITIS'			IYR.
	(This does not mean the mode of heart failure, osthenia, etc. It means		DUE TO, OR AS	A CONSEQUENCE OF: WASTIN & NEPHI	and antital		
	injury or complication which caused	TUPATA		2-54RS.			
	ANTECEDENT CAUSES		(B)				V 711-3.
	DISEASES OR CONDITIONS, if any, giving ise to the above couse (A) stoling the UNDERLYING CONDITION last						
	UNDERLYING CONDITION last.	sioning in	(c) 1/015/	AN CHRONIC OLG	CONETHICIPIS		
	II -b		DK(EM	GRANULON ATONS	DISEASE PROI	B. TBC	2
ATION	OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION GIVEN IN PAR	HE TERMINAL	VS. SARC	OID US. FURGA	***************************************		1 4R.5
CERTIFICA		IDITION FOR V	VHICH OPERATION	20A. AUTOPSY? (Yes or !	No) 208. IF YES, WERE F	INDINGS	CONSIDERED EATH?
CE	21A. ACCIDENT WAS UNDERLYING			n or obout 21 C. WHERE DID	(If in Baltimore	City, give	exact location)
AL	OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)	etc.)		fice bldg., INJURY OCCUR?			
MEDIC	21 D. TIME (Manth) (Day) (Year)	(Haur) 21E.	INJURY OCCURRED	21F. HOW DID IN	NJURY OCCUR?		
2	OF INJURY (APPROX.)		le At Not While At Work	•			
	22 1	Wor		MAY 12	19 72 to 1	MY 13	10 72
	 I certify that (I) (this haspita that (I) (we) last saw the decease 		181 AW 12	140 10-1			occurred an the date
						non dodn	occurred an interaction
- 1	and haur and from the couses sta	red abave. N	(me) (ala) (ala nat) v	lew the bady after deoth	•	238. DATE	SIGNED
-	France M	i. Mi		nding Med.	Staff	6/1	3/72
	23C. PHYSICIAN'S	- 10 W	DEGREE Phy		HOPKINS HOSP	3/1.	
	NAME (Type) BRUCE N	M. GREEN	IE MA	BALTO	, MD 2120	5	ND.
24A	BURIAL CREMATION. 248. DATE REMOVAL (Specily)		ME al CEMETERY et CRI		1	ly, tawn, or	county) (State)
L	Burial 5-17-7	2 Ans	BUTUS MEMO	MIZIPARK A	RBUTUS,	Md.	
25A	DATE REC'D BY HEALTH DEPT.	25B. HAME	BU:TUS NEMO	Part of Part Directo	Particle and	e no	iver St.
VS	150-REV. 1/1/68	7	200	Variable WY C	100 CHOR 2431	G. UK	wer si



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

2-20 72 04753 BALTIMORE C	CITY HEALTH DEPARTMENT REG. NO. 72 04753
CERTIFIC	CATE OF DEATH REG. NO.
BIRTH NO.	2. DATE AND HOUR OF DEATH
(Type or Print) RUSSELL, SR DAVID H	MAY 17, 1972 9:05A M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	MARYLAND HOMAN CO C. CITY OR TOWN. ID. INSIDE CITY LIMITS?
ST. AGNES HOSPITAL	ELLICOTT CITY YES NO XX
40	E. STREET AND NUMBER 4600 MANOR LANE R.D. #4 21043
S. SEX 6. RACE 7. MARRIED TV NEVER MARRIED	
S. SEX 6. RACE 7. MARRIED NEVER MARRIED MALE CAUCASIAN WIDOWED DIVORCED	lost birthdoy) Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
BUYER STOCK YARDS	MARYLAND U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JAMES RUSSELL	LAVINIA LEE RUSSELL
15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	17, INFORMANT ADDRESS
NONE 212-12-97	700 ST. AGNES HOSPITAL RECORDS
18. J 4 1 CAUSE OF DI	EATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
(A)IMMEDIATE (This does not meen the mode of dying, e.g.,	CAUSE RUPTURE - ABDOMINAL 45 mius.
heart failure, asthenia, etc. It means the disease, injury ar camplication which coused death,)	AS A CONSEQUENCE OF: 7//Y C O/C Y S · /
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, if any, giving DUE TO, OI	R AS A CONSEQUENCE OF:
rise to the obove cause (A) stating the UNDERLYING CONDITION lost. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL V DISEASE OR CONDITION GIVEN IN PART 1 (a).	
	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFIING CAUSES OF DEATH?
RR C	YES YES
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e	e.g., in or about 21C. WHERE DtD (If In Baltimore City, give exact location) it, office bldg., tNJURY OCCUR?
21D. TIME (Month) (Doy) (Year) (Hour 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
S OF INJURY (APPROX.) While At Work Not	While Vark
22. I certify that (I) (this hospital) attended the deceased fram	MAY 16 19 72 to MAY 17 1972,
that (1) (we) last saw the deceased alive an. MAY 17	19 72 and that In(my) (aur) apinion death accurred an the date
and haur and fram the causes stated above. (1) (We) (did) (did no	
23A. SIGNATURE Nucleur John 14.D.	23B. DATE SIGNED
DEGREE	Aftending Med. Shaff Phys. Staff S //7/72
23C. PHYSICIAN'S NAME (Type)	ST. AGNES HOSPITAL; CATON & WILKENS AVE
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF	GREE
BURIAL (Specify) MAY 20, 72 LOUDON PARK CE	
2SA, DATE REC'D BY HEALTH DEPT. 2SB, NAME OF REGISTRAR	HOWARD COUNTY FUNERAL ELLICOTY CITY
MAY 1 8 1072 7 C. A.P. Za. Rey NO.	HOME OF HARRY WITZKE 4112 COLUMBIA PIKE, MD.
VS 150/18EV 171/68	1 1 1 1 0

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Park Hyllow Triple Little Table 189

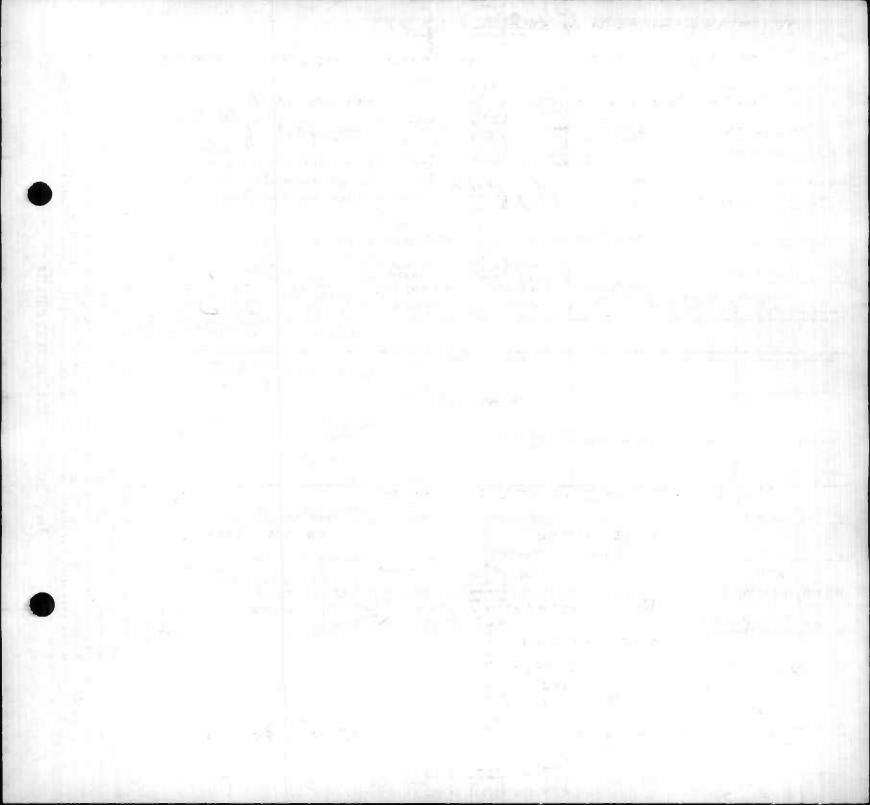
t if death occurred in a hospital and frect or contributing cause of death (4) Undetermined cause; (5) Deceased Such LO death. attendance 0 prior regular Pom deceased disposition = Was the the direct death no kindy or final attendance any pronounced med fracture of embai the chief medical examiner regular who 910 physician obtained before the remains medical Was burns physician Body where the 8 64 3 to the hospital S. any nature; 9 approved (except pup 9 of death) hospital released must An accident must prior to approval 8 Was 0 shows: (1) Ar deceased the body written

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 4. USUAL RESIDENCE (Where deceased lived, II institution: residence A. STATE Keed Mrs A.M. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Md FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Howard C. CITY OR TOWN D. INSIDE CITY LIMITS? E. STREET AND NUMBER YES NO X on Secours Hosp 9121 Fredrick Rd 5. SEX 6. RACE 9. AGE (In years lost birthday) 8. DATE OF BIRTH 7- MARRIED NEVER MARRIED Hunder 1 Yr. II Und Il Under 24 Hrs. WIDOWED DIVORCED 11-11-85 10A. USUAL OCCUPATION (Give Und of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or Coreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A H.W Uircinia 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME P. GRANT DECEASED JOHN (STEARS) HORSLEY 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (Iff yes, give war or dotes of service) 6. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Chart Bon Secours Hos CAUSE OF DEATH APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING No Serice trains el TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. AUTOPST? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED OR CONTRIBUTINO CAUSE OF 218. PLACE OF INJURY (e.g., in or about 21C, WHERE DID home, farm, factory, street, office bldg, INJURY OCCUR? (II In Boltimore City, give exact location) MEDICAL DEATH (notify medical examined (Month! (Doyl (Year) (Houd 21E INJURY OCCURRED 21f. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX) Work At Work 22. I certify that (4) (this hospital) attended the deceased from 1973 1972 19 72 that (we) last saw the deceased alive an______ ond that in (typ) (our) opinion death occurred on the dote and hour and from the causes stated above. (A) (We) (did) (did not) view the bady after death. 23A. SIGNATURE Attending [MD Med. Director . DEGREE 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) BON BICHAIRONARONGSONGGRAM ARVORANEE 24A. BURIAL CREMATION, 248, DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) 5/18/72 LORRAINE PARK CEMETERY JURIAL KWA 1633W MARYLAND 25C. FUNERAL DIRECTOR FUNERAL HOME HARRY WITZKE FUNERAL HOME OF HOUSE 25A. DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR ELLICOTT CITY, MD. VS 150-REV. 1/1/68



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1-520 72 0	BALTIMORE CIT	Y HEALTH DEPARTMENT	12 U4 100				
	CERTIFICA	TE OF DEATH X REG. NO					
BIRTH NO.	CERTITION						
Typo of Printi MRS MARY W. T	ONES	2 DATE AND HOUR OF DEAT	4 45 M				
3. PLACE IN BALTIMORE, MARYLAND, WHERE		4. USUAL RESIDENCE (Where deceased lived, If	Institution residence before admission)				
FULL NAME OF (IF NOT IN HOSPITAL OF	INSTITUTION, GIVE STREET	MARYLAND HARFORD	6200				
HOSPITAL OR ADDRESS OR LOCATIONS			ISIDE CITY LIMITS?				
		STREET	YES NO				
LU UNION MEMORIAL	HOSPITAL	E. STREET AND NUMBER .					
		MARYLAND 21154					
CCMALC MILLION	ARRIED NEVER MARRIED	8. DATE OF BIRTH 0 / 6 / 0 0 10 10 10 10 10 10 1	Months Doys Hours Min.				
WILL	OWED DIVORCED						
10A, USUAL OCCUPATION (Give kind of work) 108, It done during most of working life, even It refired) HOUSE WIFE	IND OF BUSINESS OR INDUSTRI	MARY LAND	12 CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME		14 MOTHER'S MAIDEN NAME					
SAMUEL WILSON		MOLLSE DAVES					
5. Was Decaused Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of s	ervice) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS				
No	218-14-5209	T. SCOTT JONES, STE	REET, MD,				
18. / 2 5 1	CAUSE OF DEAT	1	APPROXIMATE INTERVAL				
DISEASE OF CONDITION DIRECTL	Υ		BETWEEN ONSET AND DEATH				
LEADING TO DEATH	CASIMMEDIATE CA	lec					
(This does not mean the mode of dying	L CG. DUCTO OD AC	AUSE AS A CONSEQUENCE OF:					
heart failure, authoria, etc. It means the d injury or complication which coused death	isease,						
ANTECEDENT CAUSES		PAECUM C GENERALIZED METASTA 19					
	(B)	S A CONSEQUENCE OF:					
DISEASES OR CONDITIONS, if any, rise to the above cause (A) static	811111	S A CONSEQUENCE OF:					
UNDERLYING CONDITION last.	(c)						
OTHER SIGNIFICANT CONDITIONS CONTRIB							
TO THE DEATH BUT NOT RELATED TO THE TER	MINAL						
194 DATE OF OPERATION 198 CONDITION	N FOR WHICH OPERATION	20A AUTOPSY? (Yes or (No) 20B IF YES WEE	E FINDINGS CONSIDERED				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TER DISEASE OR CONDITION GIVEN IN PART 1 (A 1974 DATE OF OPERATION 198 CONDITION WAS PERFORM.	IAA 7/10-TVAMVLUIL C	1/01/1-1 & Bidney emurham	Added Of DEATH				
OR CONTRIBUTING CAUSE OF	218 PLACE OF INJURY le.g., home, farm, factory, street	in or about 21 C. WHERE DID (If to Boltin	nore City, give exact location)				
DEATH Inotify medical examined	etc.)	mice slope industrate account					
21D-TIME (Month) 1Doy) (Year) (Her	21E INJURY OCCURRED	215 HOW DID INJUST OCCUR					
S OF MISOKI	While At Not Whi						
(APPROX)	TOTAL CONTRACTOR						
22. I certify that (1) (this hospital) atte	ended the deceased from	4/13/ 1972 10	5/14/ 1972				
that ((we) last saw the deceased all		14/19 72 and that In (my) (aur) a	pinion death occurred an the date				
and hour and from the causes stated al							
23A. SIGNATURE		7707 110 0007 01101 000110	23R DATE SIGNED				
V. Vienten	AH	ending Med. Staff	5/14/72				
	DEGREE Ph	ys. Director Phys.	3/17/1				
23C. PHYSICIAM'S NAME ITYPE V. VISE SH ST	H C	23D. ADDRESS UNION MEMORIAL	Heipsonz				
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY of CE		(City, town, or county) (Stote)				
			20				
BURIAL 5-17-72	HIGHLAND	STREET					
	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS				
MAY 18 1972 VAGA 8	y walley Ard	O FROMB H. HARKINS!	DELTA PA.				
VS 150-REV. 1/1/68		0,00					



VS 151-REV. 1/1/68

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was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

	1-520 72	O 4 TET	Y HEALTH DEPARTMENT ATE OF DEATH REG. NO. 72				
1.1	NAME OF DECEASED	CLRTITICA	2 DATE AND HOUR OF DEATH				
	LINK, JOHN		MAY 16, 1972 11:20A M.				
3.	PLACE IN BALYIMORE, MARYLAND, WHE	RE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE B. COUNTY				
II H	ILL NAME OF (IF NOT IN HOSPITAL DISPITAL OR ADDRESS OR LOCATION	OR INSTITUTION, GIVE STREET	MARYLAND BALT IMORE C. CITY OR TOWN D. INSIDE CITY LIMITS?				
	HO ST. AGNES H	IOSPITAL	BALTIMORE YES NO TY				
5.	SEX 6. RACE 7.		8 DATE OF BIRTH 19 AGE (In veges) If Under 1 Ye (If Under 24 Mar				
M	ALE CAUCASIAN V	MARRIED NEVER MARRIED DIVORCED DIVORCED	07/09/06 lost birthdoyl Months: Doys Hours: Min.				
dor	LUSUAL OCCUPATION (Give kind of work 10) of during most of working life, even if refired) ELF EMPLOYED	BAND COMPANY	MARYLAND 12. CITIZEN OF WHAT COUNTRY?				
13.	FAYHER'S NAME		14 MOTHER'S MAIDEN NAME				
F	REDERICK LINK		BARBARA SCHOLL LINK				
	Was Deceased Ever in U. S. Armed Forces s, no or unknown) (If yes, give war or dates o	? 1 6. SOCIAL SECURITY NO.	17. INFORMANY ADDRESS				
	ONE	213-20-341	Mrs. Marie E. Link 3920 Washington Blvd.				
	18.2// 2/-	CAUSE OF DEAT					
ATION	IThis does not mean the mode of dy heart failure, astheria, etc. It means the injury or complication which caused de ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any rise to the above cause (A) sky UNDERLYING CONDITION last. 11 OTHER SIGNIFICANT CONDITIONS CONTROT OTHE DEATH BUT NOT RELATED TO THE TO ISEASE OR CONDITION GIVEN IN PART I	disease, ath.) Trking (B) DUE 10, OR AS C) C) C) C) C) C) C) C) C) C	relative Cardio Hospilla Diserce A CONSEQUENCE OF: HESTIE Silver Steppeted des func Tian				
CERTIFICATIO	19A. DAYE OF OPERATION 19B. CONDITI	ION FOR WHICH OPERATION	NO 20A. AUYOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEAYH?				
CAL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (nowly medical examined)	21& PLACE OF INJURY (e.g., i home, farm, factory, street, of etc.)	in or obout 21 C. WHERE DID (if in Boltimore City, give exect location) Injury Occur?				
MEDI	21 D. YIME (Month) (Day) (Year) (POF INJURY (APPROX.)	While AI Not While Work At Work					
	22. I certify that (1) (this hospital) at that (1) (we) lost sow the deceased a	ttended the deceosed from A					
	ond hour and from the causes stated	abave. (1) (We) (did) (did not) v	riew the bady after deoth.				
	23A. SIGNATURE	and HP Atte	anding Med. Staff Med. Director Phys.				
	23C. PHYSICIAN'S NAME (Type) V. BENAVIDES	DEGREE	23D. ADDRESS BALTIMORE, MARYLAND 21229 ST. AGNES HOSPITAL; CATON & WILKENS AVE				
24	REMOVAL (Specify)	24C. NAME of CEMETERY or CRE	EMAYORY 24D. LOCATION (City, town, or county) (State)				
	Burial 5-19-1972		tery Baltimore, Maryland				
254	MAY 18 19/2 H DEPT. 4 256	AND DE WENTER	Howard H. Hubbard, 4107 Wilkens Ave. 21229				
VS	150-REV, 1/1/68	-9720-	AVII- AN ILLUMBERTO, TIOT WILLOUIS AVE. ELERY				

CONTRACTOR OF THE PROPERTY OF 13 July and ME historica ellegal de maperia The Assert of the Control

	T	,		BALTIMORE CITY	HEALTH DEPARTMENT		72 04758
	1-651 TH NO.	16	04758	CERTIFICA	TE OF DEATH	REG. NO	. ~ 01/33
	AME OF DECI					NO HOUR OF DEATH	
		TRUMP,			MAY	16, 1972	3:30A M.
3. 1	PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOU	NCED DEAD	A. STATE B. COUN	re deceased lived. If in	stitution: residence before admission)
HO	LL NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITU	TION, GIVE STREET	MARYLAND	CITY	21229 2551
INS	NOITUTION				C. CITY OR TOWN	D. INS	IDE CITY LIMITS?
	40	ST. AGN	VES HOS	PITAL	BALTIMORE E. STREET AND NUMBER		YES X NO
					1206 PINE HE	IGHTS AVE	
5. S	EX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr., If Under 24 Hrs.
	EMALE	CAUCASIAN	WIDOWED	DIVORCED [07 28 8X 86	85	Months Days Hours Min.
fOA.	USUAL OCCU	PATION (Give kind of work rorking life, even if retired)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	gn countryl	12. CITIZEN OF WHAT COUNTRY
	memaker				GERMANY		GERMANY
13. [FATHER'S NAM	AE .			14 MOTHER'S MAIDEN NA	ME	
	Karl I	Reinart			Unknown		
S, V	Nes Deceased	Ever in U. S. Anned Fan lif yes, give war or dote	ces?	6. SOCIAL SECURITY NO.	17. INFORMANT & WI	I KENS AVE	S. BA19705, MD. 212
No		in your give was or dote	o di scivica	SECURITI NO.	RECORDS OF S	T AGNES	HOSPITAL-CATON
-	10	-5.91		CAUSE OF DEAT		· · · · · · · · · · · ·	APPROXIMATE INTERVAL
	DISEAS	E OR CONDITION DI	RECTLY				BETWEEN ONSET AND DEATH
		LEADING TO DEATH		(A)IMMEDIATE CAL	ise from negativi	septaseme	d
- 1	LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,						
	injury or com	plication which caused	death.)	· ·			
		NTECEDENT CAUSES		(B) Confester	ne huart faction A CONSEQUENCE OF:	Atnoch	pelmetica
	DISEASES O	R CONDITIONS, if obove cause (A)	any, giving				
	UNDERLYING	CONDITION lost,	aroung me	(c) necrate	c'ulcer -	left lig.	
-	OTHER SIGNIFIC	CANT CONDITIONS COIL BUT NOT RELATED TO TH	HE TERMINAL				
CATION	OTHER SIGNIFIC TO THE DEATH DISEASE OR CO	I BUT NOT RELATED TO THE INDITION GIVEN IN PART OPERATION 1198, CONT	HE TERMINAL T (A), DITION FOR WI	HICH OPERATION			
RTIFICATION	OTHER SIGNIFIC TO THE DEATH DISEASE OR CO	BUT NOT RELATED TO THE CONDITION GIVEN IN PARTION 198 CONTINUES PERF	HE TERMINAL T ((A), DITION FOR WI	HICH OPERATION	20A. AUTOPSY? (Yes or No		FINDINGS CONSIDERED
CERTIFICATION	OTHER SIGNIFIE TO THE DEATH DISEASE OR CO 19A-DATE OF 21A-A CCIDEN OR CONTUBUT	I BUT NOT RELATED TO THE INDITION GIVEN IN PART OPERATION 1198, CONT	HE TERMINAL T ((A), DITION FOR WI	LACE OF INJURY (e.g., i		208. IF YES, WERE IN CERTIFYING CAT	FINDINGS CONSIDERED
DICAL CERTIFICATION	OTHER SIGNIFIE TO THE DEATH DISEASE OR CO 19A-DATE OF 21A-ACCIDEN OR CONTRIBUT DEATH (notify) 21D-TIME	I BUT NOT RELATED TO THE DEPOSITION GIVEN IN PART OPERATION 198 CONWAS PERF	HE TERMINAL T I (A). DITION FOR WE ORMED 218. P. home,	LACE OF INJURY (e.g., i	20A. AUTOPSY? (Yes or No NO n or obout 21C. WHERE DID fice bidg., INJURY OCCUR?	208. IF YES, WERE IN CERTIFYING CAI	FINDINGS CONSIDERED USES OF DEATH?
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MEDICAL CERTIFICATION	OTHER SIGNIFIE TO THE DEATH DISEASE OR CO. 19A-DATE OF CONTRIBUTOR CONTRIBUTOR THE CONTRIBUTOR CONTRIB	I BUT NOT RELATED TO THE DID TO THE PARTY OPERATION OPERATION 19 B. CON WAS PERFORMED TO THE PARTY OPERATION OF THE PARTY OPERATION OF THE PARTY OPERATION OF THE PARTY OPERATION OPERATIO	HE TERMINAL I I (A), DITION FOR WI ORMED 218. P home, etc.) (Hour) 21E. I' White Work) attended the	LACE OF INJURY (e.g., in farm, foctory, street, of NJURY OCCURRED At Not While At Work	20A. AUTOPSY? (Yes or No NO NO nor obout 21C, WHERE DID lice bidg., INJURY OCCUR?	208, IF YES, WERE IN CERTIFYING CAI	FINDINGS CONSIDERED USES OF DEATH? • City, give exact location)
MEDICAL CERTIFICATION	OTHER SIGNIFIT TO THE DEATH TO THE DEATH DISEASE OR CO 19A. DATE OF OR CONTRIBUT DEATH (notify) 21D. TIME OF INJURY (APPROX.) 22. I certify to that () (we)	BUT NOT RELATED TO THE DIDITION GIVEN IN PART OPERATION 19B. CON WAS PERF T WAS UNDERLYING CAUSE OF medicol examined (Month) (Day) (Year) that (Month) bospital lost sow the decease	HE TERMINAL I I (A). I I (A). DITION FOR WI ORMED 218. P home, etc.) (Hour 21E. I White Work) attended the d olive on	LACE OF INJURY (e.g., in farm, foctory, street, of NJURY OCCURRED At Not While At Work of deceased from A	20A. AUTOPSY? (Yes or No NO NO nor obout 21C. WHERE DID lice bidg., INJURY OCCUR? 21F. HOW DID INJ PR 1 29 19 72 ond the	208, IF YES, WERE IN CERTIFYING CAI	FINDINGS CONSIDERED USES OF DEATH? City, give exact location)
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MEDICAL CERTIFICATION	OTHER SIGNIFIE TO THE DEATH DISEASE OR CO 19A-DATE OF 21A-ACCIDEN OR CONTRIBUT DEATH (notify) 21D-TIME OF INJURY (APPROXI 22c. I certify that (APPROXI 23d. SIGNATUR NAME (Ty)	BUT NOT RELATED TO THE CONDITION GIVEN IN PART OPERATION 198 CONI WAS PERF T WAS UNDERLYING CAUSE OF medicol examined (Month) (Day) (Year) that (Month) (Day) (Year)	HE TERMINAL TI (A). DITON FOR WITORMED 218. P. home, etc.) (Hour) 21E. I' White Work) attended the dollve on ed obove. ()()	LACE OF INJURY (e.g., inform, foctory, sheet, of NJURY OCCURRED At Not While At Work of deceosed from AMAY 16 (We) (did) (dix Xot) v DEGREE Physics DEGREE	20A. AUTOPSY? (Yes or No NO NO nor obout 21C, WHERE DID INJURY OCCUR? 21F. HOW DID INJ PRIL 29 19 72 ond the lew the body after death. Adding Med. Director Director ST. AGNES HO	(II in Boltimore ORY OCCUR? 9.72 to MAY of In (N) (our) ople Shoff X BALTO, ME	FINDINGS CONSIDERED USES OF DEATH? City, give exact location 19.72 Infan death occurred on the date 238 DATE SIGNED 05.16.72
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MEDICAL CERTIFICATION	OTHER SIGNIFIT TO THE DEATH TO THE DEATH DISEASE OR CO 19A. DATE OF 21A. ACCIDEN OR CONTRIBUT DEATH (notify) 21D. TIME OF INJURY (APPROXI 22. I certify to that (M) (we) ond hour and 23A. SIGNATUR 23C. PHYSICIAN NAME (Ty) BURIAL CREM	BUT NOT RELATED TO THE DINDITION GIVEN IN PARTY OPERATION 198. CONTINUE TO THE CONTINUE OF MEDICAL CONTINU	HE TERMINAL TI (A). TI (A). DITION FOR WITON F	LACE OF INJURY (e.g., inform, foctory, sheet, of NJURY OCCURRED At Not While At Work of deceosed from AMAY 16 (We) (did) (dix Xot) v DEGREE Physics DEGREE	20A. AUTOPSYT (Yes or No NO NO nor obout 21C. WHERE DID lice bidg., INJURY OCCUR? 21F. HOW DID INJ PRIL 29 19 72 ond the lew the bady after death. Inding Med. Director Care. ST. AGNES HO MATORY 24D. LC	ORY OCCUR? Shoff [X] BALTO, ME SPITAL-CA	FINDINGS CONSIDERED USES OF DEATH? City, give exact location) 16 19 72 Infan death occurred an the date 238 DATE SIGNED 05 16 72 0.21229 TON & WILKENS y, town, or county) (Stele)
MEDICAL CERTIFICATION	OTHER SIGNIFIE TO THE DEATH DISEASE OR CO 19A. DATE OF 21A. ACCIDEN OR CONTRIBUT DEATH (notify to 21D. TIME OF INJURY (APPROXI 222. I certify to that (O (we)) and hour and 23A. SIGNATUR 23C. PHYSICIAN NAME (Ty) BURIAL CREM REMOVAL (Sp.	BUT NOT RELATED TO THE DOUBLE OF THE CONTROL OF THE	HE TERMINAL TI (A). DITON FOR WITORMED 218. Phome, etc.) (Hour) 21E. I' While Work) attended the dolive on edobove. (M) ASANI M 24C. NAM 272 Louic 258. NAME OF	NOT While At Work deceosed from AMAY 16 (We) (did) (dix Yot) v DEGREE Physical Company of CRE And Company of CRE And Company of CRE And Company of CRE REGISTRAR	20A. AUTOPSY? (Yes or No NO NO NO nor obout 21C. WHERE DID lice bidg., INJURY OCCUR? 21F. HOW DID INJ PRIL 29 19 72 ond the lew the body after death. Inding Med. Director 23D. ADDRESS AVES. ST. AGNES HO MATORY 24D. LC 125C. FUNERAL DIRECTOR	208. IF YES, WERE IN CERTIFYING CAI (II IN BOLTIMOTO (II IN BOLT	FINDINGS CONSIDERED USES OF DEATH? o City, give exact location. 16 19 72 nfan death occurred an the date 238 DATE SIGNED 05 16 72 0.21229 TON & WILKENS y, lown, or county) (Stele) Ty land ADDRESS
WEDICAL CERTIFICATION	OTHER SIGNIFIE TO THE DEATH DISEASE OR CO 19A. DATE OF 21A. ACCIDEN OR CONTRIBUT DEATH (notify to 21D. TIME OF INJURY (APPROXI 222. I certify to that (O (we)) and hour and 23A. SIGNATUR 23C. PHYSICIAN NAME (Ty) BURIAL CREM REMOVAL (Sp.	BUT NOT RELATED TO THE DOUBLE OF THE CONTROL OF THE	HE TERMINAL TI (A). DITON FOR WITON	NOT While At Work deceosed from AMAY 16 (We) (did) (dix Yot) v DEGREE Physical Company of CRE And Company of CRE And Company of CRE And Company of CRE REGISTRAR	20A. AUTOPSY? (Yes or No NO NO NO nor obout 21C. WHERE DID lice bidg., INJURY OCCUR? 21F. HOW DID INJ PRIL 29 19 72 ond the lew the body after death. Inding Med. Director 23D. ADDRESS AVES. ST. AGNES HO MATORY 24D. LC 125C. FUNERAL DIRECTOR	208. IF YES, WERE IN CERTIFYING CAI (II IN BOLTIMOTO (II IN BOLT	FINDINGS CONSIDERED USES OF DEATH? City, give exact location) 16 19 72 Infan death occurred an the data 238 DATE SIGNED 05 16 72 0.21229 TON & WILKENS y, town, or county) (Stele) cy 1and

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X - MAIS GAUGE STAM X

Burial 5-19-1972 Loudon Park Cemetery Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.

25B. NAME OF REGISTRAR

25C. FUNERAL DIRECTOR

Howard H. Hubbard, 4107 Wilkens Ave. 21229

VS 151-REV. 1/1/68

24C, NAME of CEMETERY OF CREMATORY

M.D

ASSOCIATE MEDICAL EXAMINER

240. LOCATION (City, town, or county)

5-16-72

(Stole)

EXAMINER'S

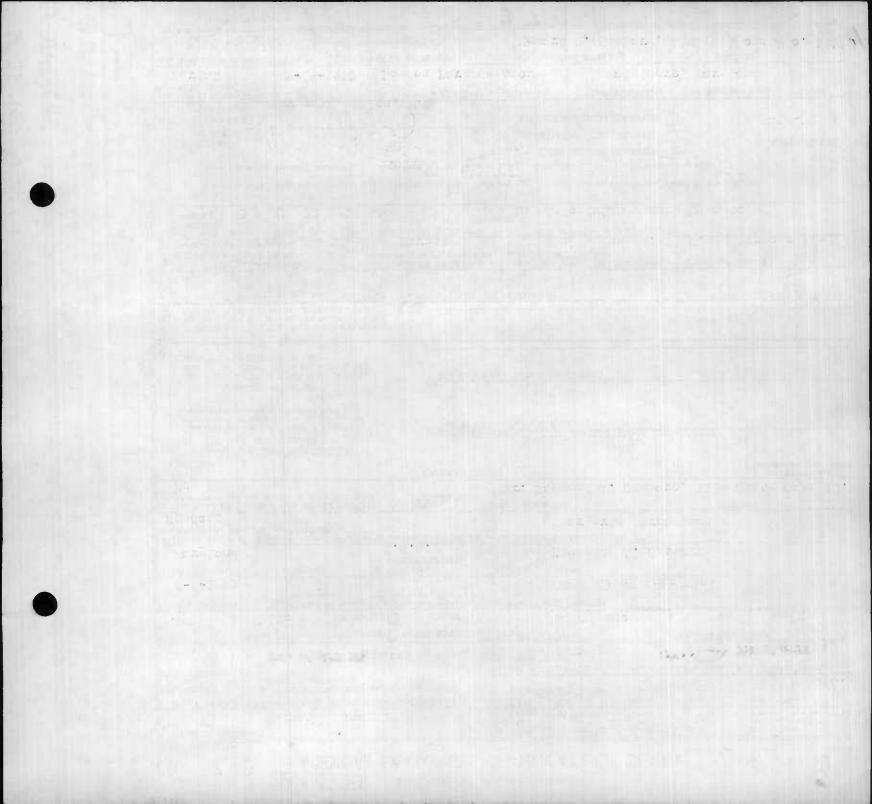
Werner

248. DATE

NAME (Type)

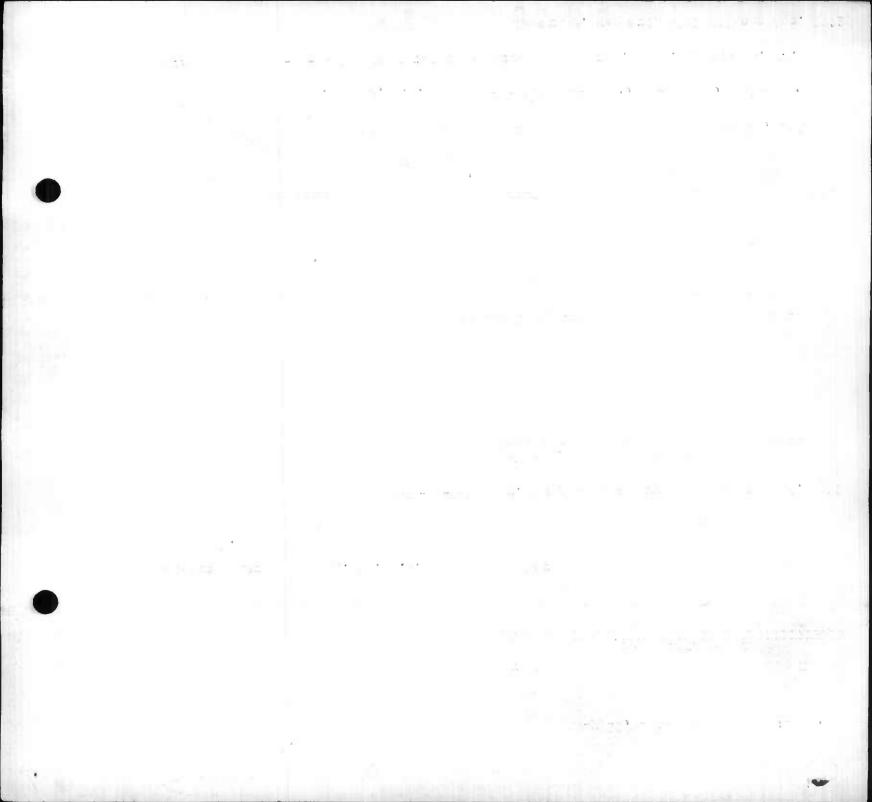
24A. BURIAL CREMATION.

REMOVAL (Specify)



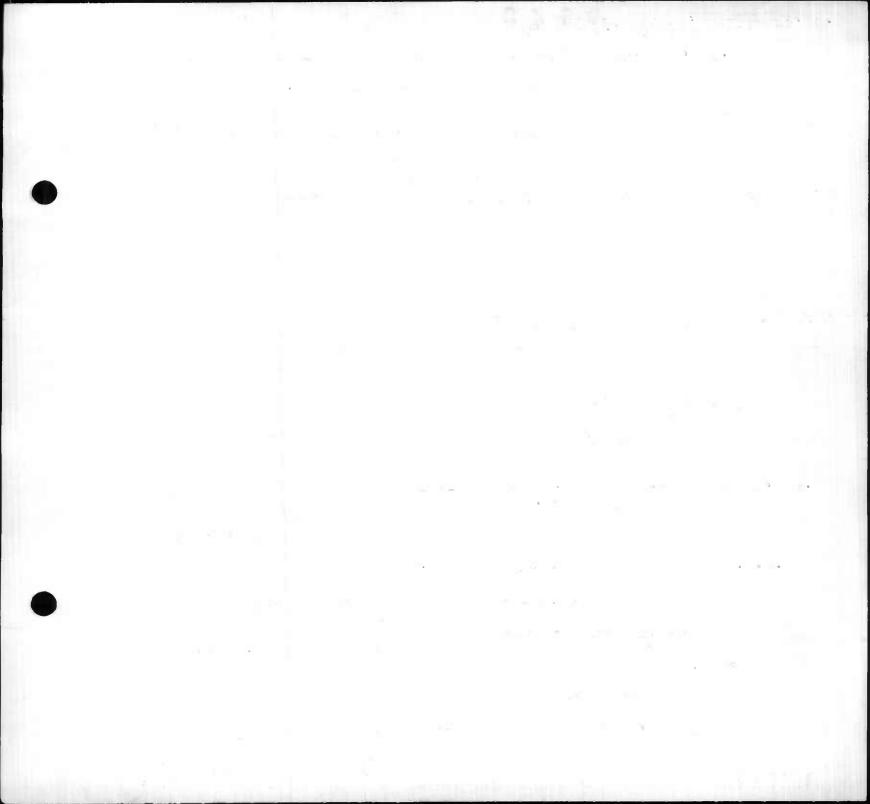
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are embalmed or final disposition is made.

	S-062	~0 (BALT	IMORE CITY	HEALTH DEPARTMENT				7
BIR	S-260	121	14/6	CER	TIFICA	TE OF DEATH	REG. NO.		12 191	ملك
	IAME OF DECEASED	C.	1	`		2, DATE	AND HOUR OF DEATH	4		
	Seanne		chai	her		Me.v	16. 1972	1	8:15 4	M.
3.	PLACE IN BALTIMORE,	MARYLAND, W	HERE PR	ONOUNCED DEA	D	A. STATE B. CC	Mhere deceased lived. If	institution: tes	sidence before o	idmission)
HC	SPITAL OR AD	NOT IN HOSPIT	AL OR IN	ISTITUTION, GIVE	STREET	wg.	Balto	>	56	722
J'S	700 d Convalescent Home				Arbutus	D. IN:	SIDE CITY LIA	NO X		
5	3/3 Edmi	mason	AVE	,		E. STREET AND NUMBE	I TO LANGE	AND ROA	ת	
	Balto, r		229			*XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	NANA KONEKATA	XXXXXXX	XXXXXXXX	XXXX
F	EX 6. RACE	ii To.	7- MARE	NED NEVER M	ORCED	8-31-1896	9. AGE (In yours lost birthdoy)	If Under Months	Yr. If Under Doys Hours	Min.
104	USUAL OCCUPATION	(Give kind of work	10B, KIN	OF BUSINESS O	R INDUSTRY	11. BIRTHPLACE (Stoto or	(oreign country)	12. CITIZ	EN OF WHAT	COUNTRY?
	during most of working lift Retired Cler		B. C	R.R.		Maryland		u.	S. A.	
13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME			
C	eorge Sal	neher	-			Katherine	- Harman			
15.	Wos Deceased Ever in I	J. S. Armed For	ces?	16. SOCIAL		17. INFORMANT	- HOTTINGO	Λ	ADDRESS	
	No	give wor or dolo	2 01 20141		7 NO. 5 - 7829	Mr. Charles	Schacher 555	5 Cavil	and Pd	21227
_	18.	1			OF DEAT		301chicz, 333		APPROXIMATE IN	NTERVAL
	DISEASE OR CONDITION DIRECTLY Arteriosclerotic Cardio-						81	ETWEEN ONSET A	ND GEATH	
		G TO DEATH		(A)IM	MEDIATE CAL	SE Vascular Disease			Years	
	(This does not mean the made at dying, e.g., hoort failure, osthenio, etc. it means the disease,									
	injury at camplication	which coused	deoth.)							
	ANTECEDENT CAUSES									
	DISEASES OR CON	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS se to the above couse (A) stating the				A CONSEQUENCE OF:				
	UNDERLYING COND	ITION last.	Signing	(c)						
		11								
TON	OTHER SIGNIFICANT CO	NDITIONS CO	NTRIBUTII	NG	Pagar	abial II madan				
CAT	DISEASE OR CONDITION	GIVEN IN PAR	T) (A).	*******		•	ial Hypertension Yes			
CERTIFICATION	19A-DATE OF OPERATI	WAS PER	ORMED	OR WHICH OPER	ATION	20A. AUTOPSY? (Yos or	No. 208. IF YES, WERE IN CERTIFYING CA	FINDINGS O	CONSIDERED	
	21A. ACCIDENT WAS	CAUSE OF		home, iarm, focto	NJURY (e.g., in	n or obout 21C. WHERE DID	(If In Boltimo	re City, give	exect location)	
MEDICAL	DEATH (notify medical			etc.)						
MED	OF INJURY	(Doy) (Yeorl	(Houd	21E INJURY OC			INJURY OCCUR?			
	(APPROX)			While At Work	Not While At Work					
	22. I certify that (1)	(debelorsedate)	attend	ed the deceased	from	March	19 58 to Ma	y	19	72
	that (1) (1806) last sav	v the decease	d alive	on M	y 9,	19 <u>72</u> ond	that In (my) (quet opi	inion death	accurred on	the date
						lew the bady after deat				
	23A. SIGNATURE		1					23B, DATE	SIGNED	
	1	201 8		Sin	Thomas Phys	nding X Med.	Staff Phys.	May :	16, 1972	
	23C. PHYSICIANS	1			2	23D. ADDRESS				
		J.60 J.	Gav	er, M.D.	BE CARE	1 Mallow Hill	Rd., Baltimo	rem Mar	ryland.	
24A	BURIAL CREMATION			NAME OF CEME	GEOREE			ity, town, or		(Stote)
В	REMOVAL (Specify)	5-19-1	972	Meadowrid	ge Ceme	etery W	ash. Blvd. Ho			
25A	DATE REC'D BY HEAL	1 1		AE OF REGISTRAR		25C. FUNERAL DIRECT		7	ADDRESS	
	MAY 18 1972	, in Beats	E. Va	Bey M.D.	3		Hubbard, 4107	7 W1160		21220
VS	150-REV. 1/1/6B		7	7		1 5 7 5	9	WIIKE	MS AVE.	21229



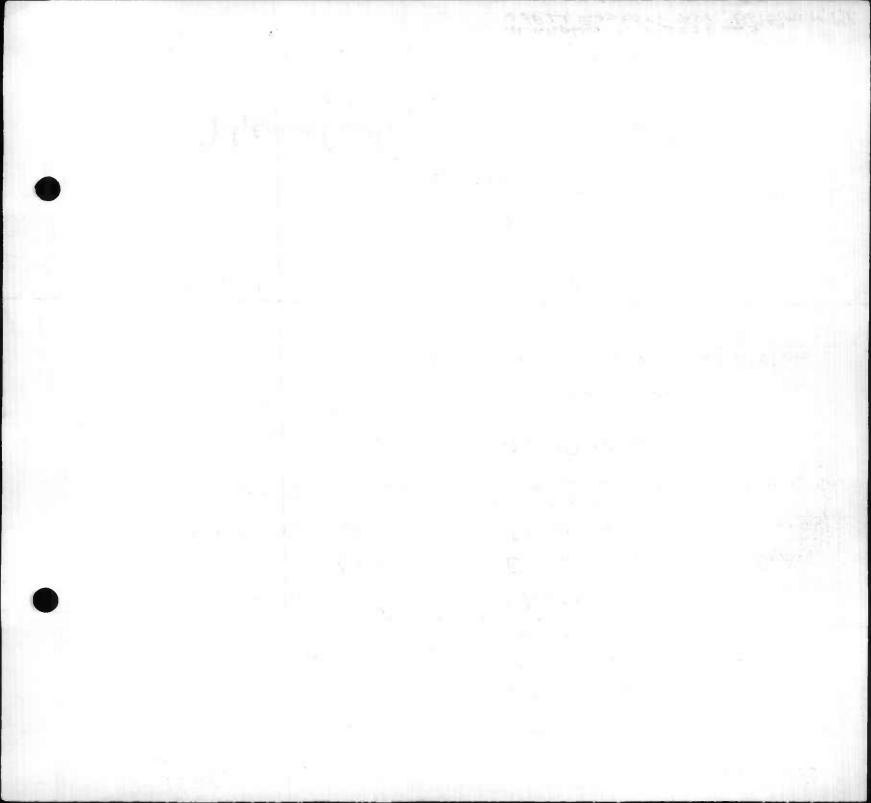
7:2:4	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. 72 04761
l and death eased n the Such	1. NAME OF DECEASED (Type or Print) CALLED TO THE CONTROL OF DEATH
of death of death Deceased e on the	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased fived, If institution: residence before edmission)
	A. STATE B. COUNTY
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR LOCATION) INSTITUTION FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN D. INSIDE CITY LIMITS?
2 5 2 .	Baltimore YES NO
D.= L .	621 S. Ponca Street 621 S. Ponca Street
tributi mined gular sed pr	5. SEX 6. RACE 7. MARRIED TO MARR
occurre ontribut ermined regular eased p is made	Male White WIDOWED DIVORCED 12-25-98 Ost Bith day Months Days Hours Min.
or co Indete s in r dece	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 13. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
7 7 7 8 6 10	Baker Bakery Greece U.S.A.
# 5€ 3 + de	George Voxakis 14. Mother's Malden NAME Zoe
istant he di kind; death ce on nal di	IS. Wes Deceased Ever in U. S. Armed Forces? (Yes.no or unknown) (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Mrs. Smaragde Voxakis
N +:-	NO 232-07-4291 621 S. Ponca St., Baltimore, Md.
B 4- 200 L	CAUSE OF DEATH
or his also, in a soft an anounce attend	LEADING TO DEATH
	heort foilure, oslhenio, elc. Il meons the disease. DUE TO, OR AS A CONSEQUENCE OF:
fract fract o pr gula	ANTECEDENT CAUSES (B) CARCINOMA, LUMBS BILATERAL
examiner. 3) A fractu n who pro n regular are emba	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF
F	rise to the above couse (A) stoling the UNDERLYING CONDITION last. (C)
medical burns; hysicia n was	
E o De c c	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994. DATE OF OPERATION 1998. CONDITION FOR WHICH OPERATION 1994. CONDITION WAS PERFORMED 214. ACCIDENT WAS UNDERLYING 1218 BLACE OF INVINEY.
by a m 2) Body • the p physicial	198. CONDITION FOR WHICH OPERATION 198. CONDITION FOR WHICH OPERATION 198. CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	IOR CONTRIBUTION OF INJURY (e.g., in or obout 21 C. WHERE DID
hospital nature; (spt whe (6) No ined be	21D-TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
	While At Not While At Work
_ C = > 2 = 5	22. I certify that (1) (this haspitel) attended the deceased from November 1971 to May 12 1972
	that (1) (we) last saw the deceased alive an 1914 1922 and that in (my) (out) apinian death accurred on the date
dent of ospital death)	and hour and from the causes stated abave. (i) (We) (dtd) (dld not) view the body after death.
SOODE	Slepsky & Vadleying by Attending to Med. 1 Stoff 17 5/2/2
y was rely y was rely (1) An acci).A. at a b d prior to approval	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS
certificate sody was r rs: (1) An a D.O.A. at a ased prior	Stephen K. Padussis M.D. 6511 O'Donnell Street
L+ 00 - 1	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
	Burial 5-15-72 Greek Orthodox Cemetery Baltimore, Md.
This the show shows was dece	MAY 18 19/2 BE MAME OF RINGERAL DIRECTOR MATTHEWS ADDRESS NICHOLAS T. Matthews

ATTER 7014 YEARS. RE FINDINGS CONSIDERED CAUSES OF DEATH? nore City, give exact location) pinian death accurred on the date 23 B. DATE SIGNED City, town, or county) (Stote) Md. 25A. DATE AS 1972 H DEPENDED 25c funeral director Nicholas II. Matthews 2024 Hastern Avenue, ADDRESS Baltimore, Nd. VS 150-REV. 1/1/68



This cortificate must be appraved by the chief medical examiner ar his assistant if death accurred in a haspital and the bady was released to the haspital by a medical examiner. Also, if the direct ar contributing cause of death shaws: (1) An accident of any nature; (2) Bady burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a haspital (except where the physician wha pronounced death was in regular attendance on the deceased prior ta death); and (6) No physician was in regular attendance on the deceased prior ta death. Such written appraval must be obtained befare the remains are embalmed ar final dispasition is made.

	1-626 72 04752 BALTIMORE C	ITY HEALTH DEPARTMENT
BIR	72 04762 CERTIFIC	CATE OF DEATH REG. NO. 72 04762
	NAME OF DECEASED	2. DATE AND HOUR OF DEATH
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	
		A. STATE B. COUNTY
HO	LL NAME OF STREET ADDRESS OR LOCATION! SITUTION, GIVE STREET ADDRESS OR LOCATION!	C. CITY OR TOWN D INSIDE CITY HMIS?
	Maryland General Hospita	The state of the s
114	Si la Grand	E. STREET AND NUMBER
5, 5	EX 6. RACE 7. MARRIED MARRIED MARRIED	8. DATE OF BIRTH 19. AGE (In yours 16 Under 1 Vr. 16 Under 24 Her
	VIALE White WIDOWED DIVORCED	Months; Doys Hours; Min.
104	USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUST during most of working life, even if refired)	IN 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
l don	Dry cleaner Clothing	Bardenella Tunter 115A
13.	FATHER'S NAME	Dardenella, Turkey U.S.A.
	Louis Karageorge	Theodora
15. (Yes	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO.	Mrs. Ethel Karageorge ADDRESS
	Yes WWII 215-07-403	36 1415. Linwood Ave. Butimer Md.
	18. CAUSE OF DE	ATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	LAUSE RENAL FAILURE
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar complication which caused death.)	AS A CONSEQUENCE OF:
		RAPIBRITONEAL SEPSIS
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR	AS A CONSEQUENCE OF:
	rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)	A Presection for Concerning & Rectum
z	II .	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
1101	DISEASE OR CONDITION GIVEN IN PART 1 (A). 194 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes of No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
ERTIF	17th April 12 WAS PERFORMED CA RECTUM	700
8	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY leg home, farm, foctory, street, etc.)	office bidg., INJURY OCCUR? (If In Baitmare City, give exect location)
VEDI	21D.TIME (Manth! (Day) (Yearl (Houd 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
<	(APPROX.) While At Work At Wo	
	22. I certify that (I) (this hospital) attended the deceased fram	5.8.72 19 to 5.13.72 19
		19 and that in (my) (aur) apinlan death accurred an the date
	and have and from the causes stated above. (1) (Me) (did (did not)	
		Hending Med. Shoff D
	23C. PHYSICIAN'S NAME (Type)	Hending Med. Sheff Phys. 23D. ADDRESS
	NAME (Type) (ROWLEY	
24A	BURIAL CREMATION, 248, DATE 24C, NAME of CEMETERY OF C	
	Burial 5-17-72 Greek Ortho	
25A	MAY 18 1972 Jack NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS AND AND ADDRESS AND AND ADDRESS AND ADDRESS
VS 1	50-REV. 1/1/68	1 10 302 1 Elistern Aver, Baltimore Moi



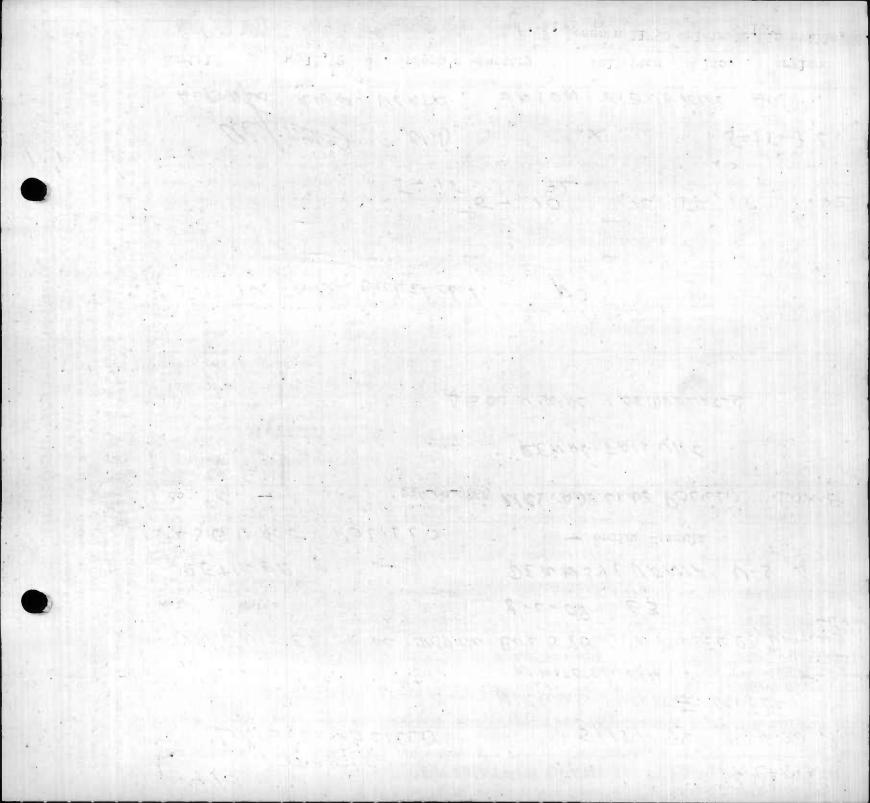
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

S-356 72 047	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO	72 04763
I. NAME OF DECEASED			HOUR OF DEATH	3.33
(Typo or Print) John R. Stone	med SR			1 300
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	ONO UNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNT	5-72 deceased lived. If in: Y	stitution: residence before admission
FULL NAME OF HOSPITAL OR IN ADDRESS OR LOCATION	STITUTION, GIVE STREET	Mangland C. CITY OR TOWN		101
	Agland Hospital	Bultimore.	D. INSII	YES X
22 S. GRECINE, SI	4/	E. STREET AND NUMBER		163
Bultimore, Md 21	212	712 5. Deck	Ken Ave.	
5. SEX 6. RACE 7. MARR	IED NEVER MARRIED	8. DATE OF BIRTH 9.	AGE (In years	If Under 1 Yr. II Under 24 Hrs.
Male White WIDOW		7/3//0/	st biethdayl	Manths Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND dane during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
CLOTH Sponger Roth	holz Bros. INC.	md.		USA.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAMI	E /	1
John Stemmer.		FRANCES	5mith	
15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL	17. INFORMANT	0,,,,,,	ADDRESS
NO NO	SECURITY NO. 212-03-5028A	RITA MISTAK !	712 S.Dec	
18.44 / 0	CAUSE OF DEATH		7/4 3.000	
DISEASE OR CONDITION DIRECTLY		•		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	(ANIMALEDIATE CALL	SE Hypertousive Can	der ince de	1/2 200
(This does not mean the made of dying, e heart foilure, asthenio, etc. It means the disec injury or camplication which caused death.)		CONSEQUENCE OF:	UNO WELLIAN	Porpe ZOGRS.
ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, if any, giv	ing DUE TO, OR AS	A CONSEQUENCE OF:	***********	
nise to the above cause (A) stating UNDERLYING CONDITION last.	(C)	A CONSEQUENCE OF:		
_ 11				***************************************
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINA O DISEASE OR CONDITION GIVEN IN PART 1 (A)	IG MANIA	Obstructive Lun	λ ε .	40
			vg PIBEASE	10,423.
19A. DATE OF OPERATION 19B. CONDITION FO WAS PERFORMED	PR WHICH OPERATION	20A. AUTOPSY? (Yes or No.)	ZOB. IF YES, WERE FILLING CAU	NDINGS CONSIDERED SES OF DEATH?
OR CONTRIBUTINO CAUSE OF	21B PLACE OF INJURY (e.g., in home, form, foctory, street, affi elc.)	or obout 21 C. WHERE DID	(If In Boltimore	City, give exoci focotion)
O 21D. TIME (Month) (Doyl (Year) (Hour)	TE INJURY OCCURRED	21F. HOW DID INJUR	Y OCCUP	
(APPROX.)	While AI Nal While		. OCCORI	
22. I certify that (1) (this hospital) attended	Work At Work	4-7 10	~~	
that (I) (we) last saw the deceased alive or	n 5-15		72 10 5-	15 1972
			in (my) (our) apini	an death accurred on the date
and haur and from the causes stated above	(I) (We) (did) (did not) vi	ew the body ofter death.		
Washert 1 Mund	A MA Atten	ding Med. Sto		23R DATE SIGNED
23C.PHYSICIAN'S	MD DEGREE Phys.	Director Phy	ys. [L]	5-15-72
Heeheet I Musici		university of	- MARGE	and Hazarton
24A. BURIAL CREMATION, 24B. DATE 24C.	NAME OF CEMETERY OF CREA		ATION (City	town, or countyl (Stote)
Burial 5-26-72 S	it Stanisla	^	tto md	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAM	E OF REGISTRAR	25C. FUNERAL DIRECTOR	~ // / / / / / / / / / / / / / / / / /	ADDRESS
MAY 18 1972 Obbid A 39 B		Wm. Finkly	undi 200	7 Eastern ave.
VS 150-REV. 1/1/68		To Sung to	ware 200	1 casarra and .

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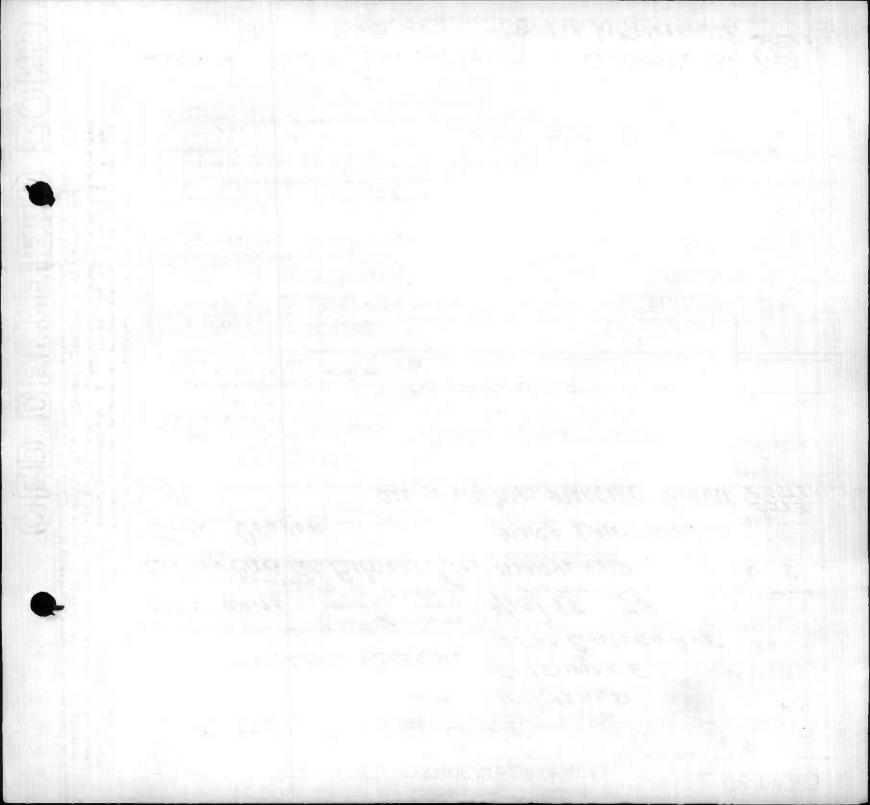
						П
This certificate must be approved by the chief medical examiner or his assistant it death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.	
certifi	body w	ws: (1)	D.O.A	pased p	ten ap	
This	the	shor	WOS	dec	Writ	

0 1110	BALTIMORE CITY	HEALTH DEPARTMENT
1-440	CERTIFICA	TE OF DEATH REG. NO.
BIRTH NO.	CERTIFICA	
(Tuna as Pant)	LLO	5/15/72 4-30 P.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	ED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	N, GIVE STREET	MARYCAND WHITH WARSH.
4		WHITE MARSH YES NOT
(10.10	11 10 0	E. STREET AND NUMBER
UNIOW MEANORIAL		BOX 586 GUN POWDER ED, MARYCAND
S. SEX 6. RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years II Under 1 Yr. II Under 1 Months Doys Hours Manths Manths Doys Hours Manths Manths Doys Hours Manths Man
Male White WIDOWED	DIVORCED	8-2-08 63
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BU done during most of working life, even if retired)	SINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
RETINER -		PENNSYLVANIA V.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME
PASQUACE POLIT	40	- Rosina Mazzula
15. Was Deceased Ever in U. S. Armed Forces? (Yas,no or unknown) (If yes, give wer or dotes of service)	SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
no	216-09-9868	MRS. ADELINE POLICIO SAME
18.	CAUSE OF DEATH	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		BETWEEN ONSET AND DEATH
LEADING TO DEATH	(ANIMARDIATE CALL	SE RENAL FAILURE
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO, OR AS A	CONSEQUENCE OF:
injury ar camplication which coused death.)		
ANTECEDENT CAUSES	(B) AB	A CONSEQUENCE OF:
DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS	A CONSEQUENCE OF:
rise to the obove cause (A) stating the UNDERLYING CONDITION last.	(c)	
11	(- /	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE TERMINAL C DISEASE OR CONDITION GIVEN IN PART 1 (A).		
19A. DATE OF OPERATION 19B. CONDITION FOR WHI	CH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
3 -16-10 Bilat. Unil	nal obst.	No
OR CONTRIBUTING CAUSE OF home. I	ACE OF INJURY (e.g., in form, loctory, street, off	n or about 21C. WHERE DID (Il in Baltimore City, give exact location) fice bldg., INJURY OCCUR?
DEATH (notily medical examiner)	-	
OF INJURY (Month) (Doy) (Yeor) (Hour) 21E, IN. White	JURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) While Work	At Work	· 🗆 —
22. I certify that (1) (this hospital) attended the a		- 10 1972 to 5-15 1972,
that (1) (we) last saw the deceased alive an.	r-15	19 72 and that in(my) (our) aplnian death accurred an the date
	(a) (dtd) (dtda)	
and have and from the causes stated above. (1) (Y	re) (ala) (ala nor) Vi	238, DATE SIGNED
as (mape)	MA Atter	(1 ~) ?
COC BHYSICIANS	DECKEE	Director 22 Phys.
ACP 10 DO RUBS - NO		23D. ADDRESS
2010111-0	DEGREE	UNION ALEMORIAL HOSV.
REMOVAL (Specify)	of CEMETERY or CRE	
Burial may18,72 St.		retery Fullerton Balto. Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF R	EGISTRAR	2SC. FUNERAL DIRECTOR
MAY 18 1972 Robert Estatber	2000	E. F. Lassahn 11750 Belair Rd Kingsville, Mc



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

(-56)	BALTIMORE CIT	HEALTH DEPARTMENT		203 / 42135
	4765 CERTIFICA	TE OF DEATH	REG. NO	12 (1976)
1. NAME OF DECEASED (Type or Print)	Epaulais Com	1.10 2. DATE A	ND HOUR OF DEATH	7,55 4
3. PLACE IN BALTIMORE, MARYLAND, WHE	RE PRONOUNCED DEAD	14. USUAL RESIDENCE (Wh.	ere deceased lived, If i	institution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL HOSPITAL OR ADDRESS OR LOCATION	OR INSTITUTION, GIVE STREET	MARYLAL C. GITY OR TOWN	/D	SIDE CITY LIMITS?
MARYLAN	D GENERAL	E. STREET AND NUMBER	RE	YES NO NO
70	OZNZNA	1 4	STERN A.	VE
male 1.111	MARRIED NEVER MARRIED DIVORCED DIVORCED	8, DATE OF BIRTH 8/13/98	9. AGE (In years lost birthdoy)	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work) 10	KIND OF BUSINESS OR INDUSTR	W. BIRTHPLACE IStale or for	eign country)	12 CITIZEN OF WHAT COUNTRY?
DEDUTY CLERK RET.	BALTIMORE CITY	MARYLA	UD	U.S.A.
13. FATHER'S NAME		14 MOTHER'S MAIDEN NA	ME	
5 Was Deceased Ever in U. & Armed Forces	? II & SOCIAL	171ACY LA	UTTMAN	ADDRESS
15. Was Deceased Ever in U. S. Armed Forces (Yes, no or unknown) Uf yes, give wor or dates of	220-36-663	MRS. MARG	ARET CON	UNOR EASTERN A
18. / 6 2 / 1	CAUSE OF DEA	TH /	, , , , , , ,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECT	160) //(pracotomy and	Kight Ugp	er 6 days
(This does not mean the mode of dy	ing. a.g., DUE TO, OR AS	A CONSEQUENCE OF:	Lobecton	-7
injury or complication which caused de	oth) Unditt	eventrated Ca	rcinoma	of a
DISEASES OR CONDITIONS, If any	(B)	A CONSEQUENCE OF:	Loc	ng 8 weeks
rise to the above cause (A) st UNDERLYING CONDITION last	oling the			
	(0)			
OTHER SIGNIFICANT CONDITIONS CONTI	TERMINAL			
DISEASE OR CONDITION GIVEN IN PART 1 19A-DATE OF OPERATION 19B. CONDITION WAS PERFOI	TON FOR WHICH OPERATION	20A AUTOPSTENOS OF N	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY 1960	in or obout 21C, WHERE DID office bidg, INJURY OCCUR?	(If In Baltime	ore City, give exect focotion)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined	home, form, foctory, street,	office bidg. INJURY OCCURY		
W OF INITION	Houd 21E INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
IAPPROX.)	While At Not Wh	"• 🗆		
22. I certify that (i) (this haspital)	ittended the deceased from	1 5/3	19 22 to	5/// 19/2
that (i) (we) last sow the deceased	alive on5	/// 19 72 and 1	hat in (my) (our) of	plnion death occurred on the dote
and hour and from the couses stated	obove. (i) (We) (did) (did not)	view the body ofter death	•	
23A. SIGNATURE Jugo	MO DEGREE AM	ending Med. Director	Stoff Physic CQ	23 R. DATE SIGNED 5/11/72
23C. PHYSICIAN'S NAME ITYPE! 21 eg/	er M.D.	23D. ADDRESS		
24A. BURIAL CREMATION, 24B. DATE	24C NAME OF CEMETERY OF C	REMATORY 24D.	LOCATION IS	City, town or county) (State)
25A. DATE REC'D BY HEALTH DEPT. 12:	B. NAME OF REGISTRAR	DETERY DIRECTO	ALIMORE	ADDRESS CL
	E. Jable RD ()	NAMMOND 1	OKACZORO	1 0-2-4/551
VS 150-REV. 1/1/68				



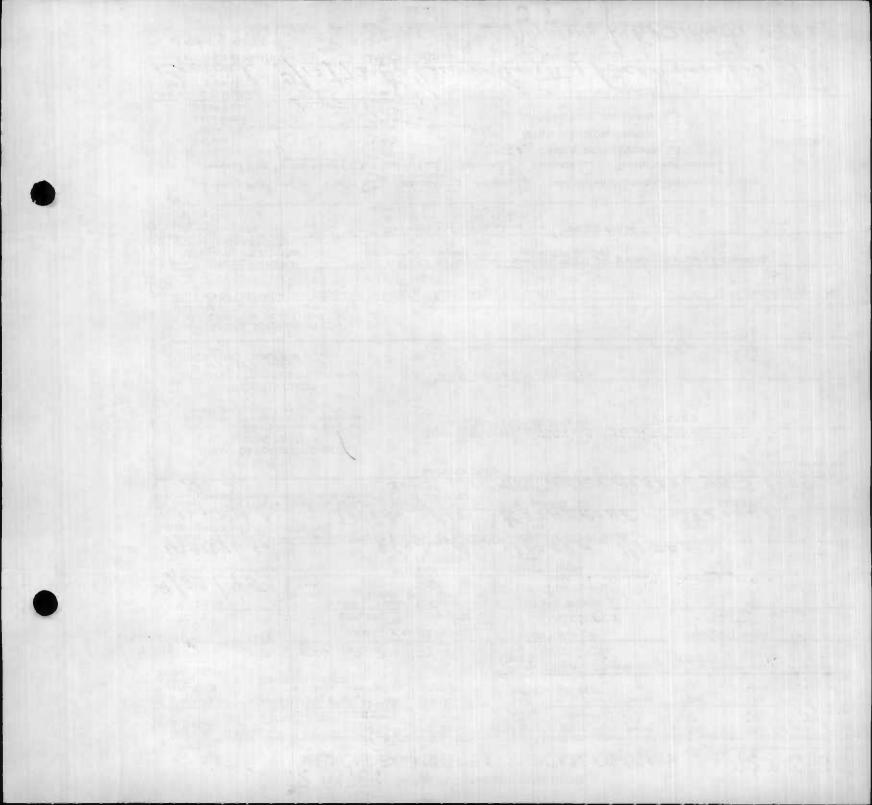
25C. FUNERAL DIRECTOR

ADDRESS

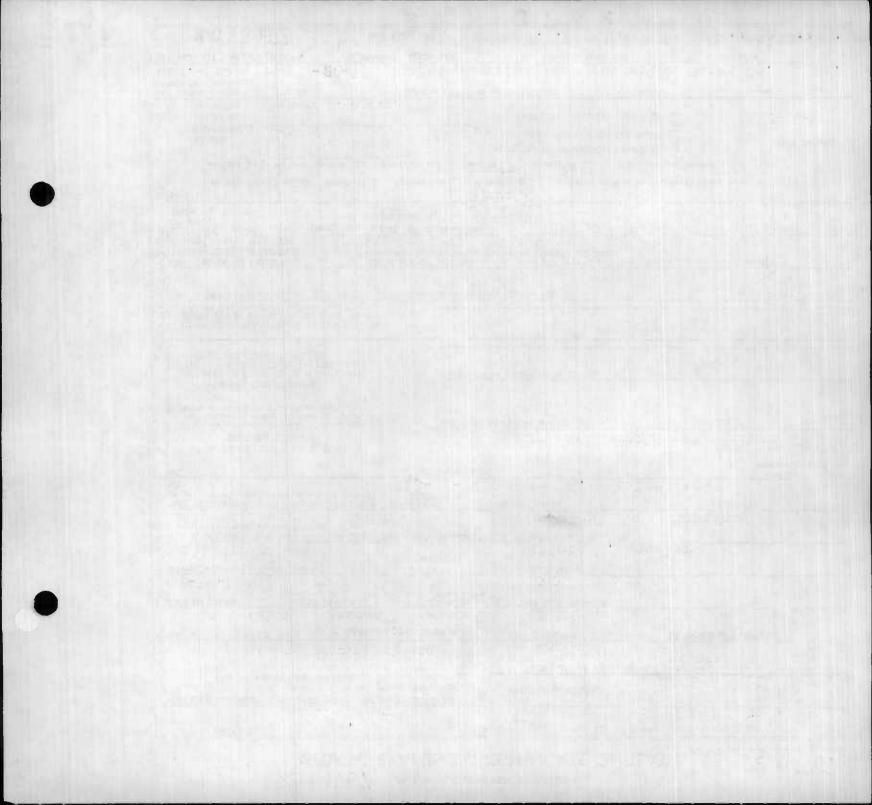
25A. DATE REC'D BY HEALTH DEPT.

VS 151-REV. 3/1/68

258. NAME OF REGISTRAR

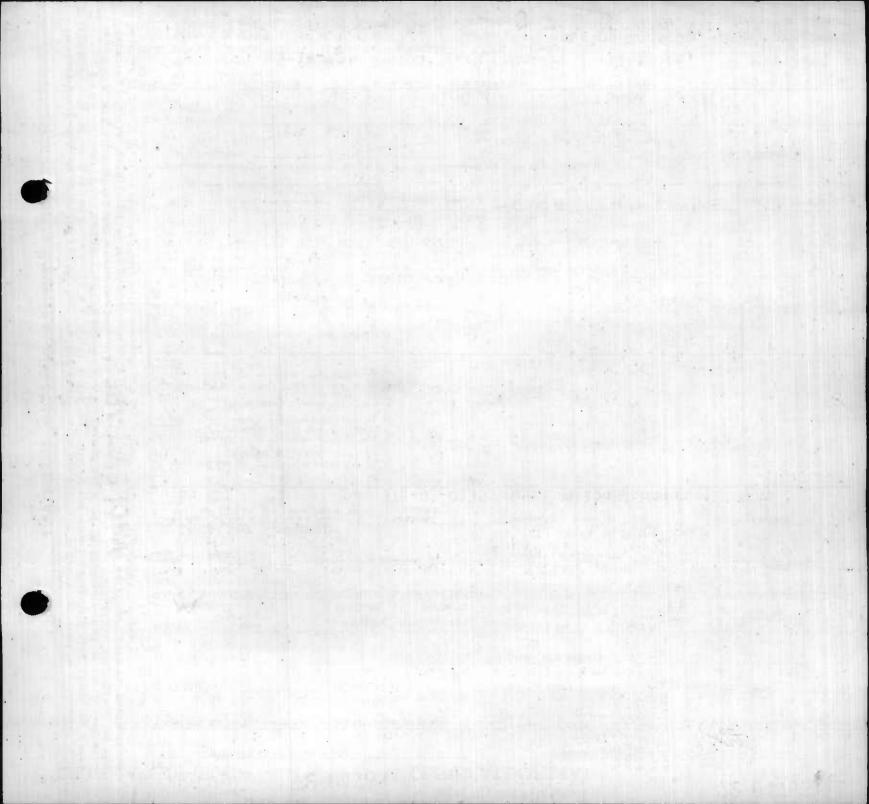


	4767 BALTIMORE CITY HE DICAL EXAMINER'S			DEAT	H REG. NO.	72	04767
BIRTH NO. 1. NAME OF DECEASED	/B.	2. DATE	Known 🖾	Month	Doy	Yeor	Hour
(Type or Print)	Wheeler	OF DEATH	Estimoted	5	16	72	9:00 A.M.
4. PLACE IN BALTIMORE, MARYLAND,		3. DATE		Month	Doy	Yeor	Hour
FULL NAME OF (IF NOT IN HOSPI	TAL OR INSTITUTION, GIVE STREET	PRONOU	NCED DEAD	5	16	72	9:00A. M.
HOSPITAL ADDRESS OR LOC	AllON	5. USUAL RES	IDENCE (Where		ved. If institution		
	morial Hospital	A. STATE Ma C. CITY OR T	ryland		B. COUNTY	TV HAAITCS	903
6. SEX 7. RACE	B. MARRIED DENEVER MARRIED	1					
Male White	WIDOWED L DIVORCED L	11	ltimore		Y	ES .	NO L
9. DATE OF BIRTH 10.AGE		E. STREET AN	ND NUMBER				
7-24-1914 5			35 Old Yo	ork Ro	ad		
11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAI COUNTRY?	13. FATHER'S					
California	USA	Elli	Lott H.	Whee	ler		
14A.USUAL OCCUPATION (Give kind of word done during most of working life, even if retired	HI4B. KIND OF BUSINESS OR INDUSTR	Y 15. MOTHER	S MAIDEN NAM	WE			
Radio Engineer	Radio	Mo	nimia		Botsfo		
16. WAS DECEASED EVER IN U.S. ARME (Yes, no or unknown)(il yes, give war or date	D FORCES? 17. SOCIAL SECURITY NO.	18. INFORMA	ANT		A	DDRESS	
No	213-07-974	D Edith	L. Whe	eler	(wife)		
19. Laf	CAUSE OF DEA	TH					PROXIMATE INTERVAL ZEN ONSET AND DEATH
DISEASE OR CONDITION DIR	ECTLY						
LEADING TO DEATH	(A)IMMEDIATE	CAUSE Art	eriosclei	rotic	cardiova	ascular	c
(This does not meon the mode of a heart loilure, osthenia, etc. It means the injury or complication which coused does not see that the course of the course	NY, GIVING (8). DUE TO, OR	AS A CONSEQU	JENCE OF:				
OTHER SIGNIFICANT CONDITIONS OF TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN 200A. DATE OF OPERATION 200B. CO	O THE TERMINAL		6				
20A. DATE OF OPERATION 20B. CO	ONDITION FOR WHICH OPERATION W	AS PERFORME	D			21. AUTO	PSY? (Yes or No)
O						No	0
Z2A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH.	22B.PLACE OF INJURY(e.g., home, farm, lactory, street, alie	ce bidg., etc.) IN.	JURY OCCUR?			oct location)	
OF INJURY		WHILE -	F. HOW DID IN	JURY OCC	UR?		
(APPROX.)	m. WORK AT V	WORK L					
23.		artial	1 4	-1- tt	14.		
I certify that I held on		itopsy 🗴	and that on th			-	
resulted from Natural co					ned monner		
ACTUAL IIII AN	11.		HIEF MEDICAL E		[X]		DATE SIGNED
SIGNATURE W	Y/\ M.I	ASSIST	ANT MEDICAL E	XAMINER			
EXAMINER'S	W S-: A- /W D	ASSOC	TATE MEDICAL E	XAMINER			5-16-72
NAME (Type) Werner	U. Spitz / M.D.	OF CREMATOR	Y 240	LOCATION	Cha bour	n, or county	(5,-1-)
REMOVAL (Specify) RemCremation 5-					n Buck		
25A. DATE REC'D BY HEALTH DEPT.	258. NAME OF REGISTRAR		INERAL DIRECTO			DDRESS	10.
	Be & Faller M.D.						Lto.,Md.
VS 151-REV. 1/1/68	77 6 9	0 3 7	0 2				



assistant if death occurred in a hospital and if the direct or contributing cause of death ny kind; (4) Undetermined cause; (5) Deceased death was in regular attendance on the lance on the deceased prior to death. Such refinal disposition is made.	3 1. (1 3 5. (1 1) (1
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	22

	1	_	12/7		BALTIMORE CIT	Y HEALTH D	EPARTMENT		72 04768	
BIRI	-525 H NO.		72 047	80	CERTIFICA	TE OF	DEATH	REG. NO	72 09700	
1. N	AME OF DECEA	SED					2. DATE A	ND HOUR OF DEATH	1	
(Тур	e or Print)	nnic	0	York	1002(A)		M	41 10	1972 1:11 A. M	
3. P	LACE IN BALTI	MORE MAR	YLAND, WHERE PR	ONQUNC	ED DEAD	14. USUAL	RESIDENCE (Who		Institution: residence before admission)	
						A. STATE	B. COUI		7714	
FUL	L NAME OF	(IF NOT I	IN HOSPITAL OR IN	OUTILISE	N, GIVE STREET	7	JOKAROV		X111	
INS	TITUTION	NO DIE				C. CITY OR	TOWN	D. IN	SIDE CITY LIMITS?	
4	4					E STREET	AND NUMBER	RIS	YES 🔀 NO 🗌	
	11501	ME	EMDRIK	111	OSPITM	00	201	naring	\sim	
5 5			21 21 10			B. DATE OF	010711	9. AGE (In years	I II II also a Very III II also a Very	
2. \$	EX 0	RACE			NEVER MARRIED	B. DATE OF	12 1 90°	lost birthdoyl	Months Doys Hours Min.	
-	/ / /	VV	WIDO'		DIVORCED	109-	22-10-1	H		
10A.	during most of wo			D OF BU	SINESS OR INDUSTR	TII. BIRTHPL	ACE (Stote or for	eign country)	12. CITIZEN OF WHAT COUNTRY?	
				1.1 - 7	a Ca Tua		MNOUL		1181	
	et. Pre		T DOM	MeT	d Co.Inc.	14 MOTH		HO	VOD	
13.	ATHER'S NAM					14. MOTHE	R'S MAIDEN NA	WE		
	A T a ream d	am Ta	hnaan			1773	iza	Titchne	22	
	Alexand			11.4	SOCIAL	17. INFORM		TTCCIIII	ADDRESS	
			wor or dotes of sorv		SECURITY NO.	17. INFORM	ANI		ADDRESS	
	no			21	11-03-0735	Mrs.	Emilie	Johnson	Same	
	18.	2 1 1		7-	CAUSE OF DEA				APPROXIMATE INTERVAL	
	OK 66.7	11/			0,,000 0, 01,				BETWEEN ONSET AND DEATH	
			ITION DIRECTLY			· · ·		0		
		EADING TO			(A) IMMEDIATE CA	USE COM	MODE S	NAOKNAN!	19(4)24 A	
			mode of dying,		DUE TO, OR AS	A CONSEQU	ENCE OF:	,		
			ch coused deoth.)	8026,						
		NTECEDENT			()				
	Al	A IECEDEN I	CAUSES		(B)	BOIN	- 7502	76/2		
		DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF:								
			use (A) stoling	the	. Clarge	1 - Sur	LIMPLADO	tre la	A.Maro	
	UNDERLTING	NDERLYING CONDITION lost, (c) CARONE CIVIT HOUSE CASCETALLY								
NO	OTHER SIGNIFIC	ANT CONDIT	TIONS CONTRIBUT	ING						
Ě			LATED TO THE TERMI	NAL						
U			PART 1 (A).	FOR WHI	CH OPERATION	20 A. AU	TOPSY? (Yos or N	o) 20B. IF YES WERE	FINDINGS CONSIDERED	
11	7		WAS PERFORMED					IN CERTIFYING C	AUSES OF DEATH?	
CERTIFICATION				7000 00			no			
		OR CONTRIBUTING CAUSE OF			orm, foctory, stroet,	in or obout 21 office bldg., IN	LURY OCCUR?	(If In Boltim	ore City, give exoct location)	
CAL	DEATH (notify n			olc.)						
S	21D. TIME (Month) (Doy) (Year) (Hour)			23 5 161	JURY OCCURRED	21	F. HOW DID IN	IIIN OCCURS		
	OF INJURY	Widnin/ (Do	y) (Yeor) (Hour)				r. HOW DID IN	JURY OCCUR:		
<	(APPROX.)			While A	Not Wh					
		411 / 11					06		0010	
	22. I certify the	nat (1) (this	r hospital) attend	led the d	leceosed fram			19 / ta	03/18/1992	
	that (I) (we) I	ost saw the	deceased alive	on	())	19	and t	hat In(my) (our) ap	plnian death accurred an the date	
	and have and	from the co	uses stated abou	(1)-44	te) (did)-(did not)	ulaur tha ha	du after death			
			0262 210160 000	400 (1)-(1)	e) (did) (are noi)	VIGW THE DO	dy dilei dedin.			
	23A. SIGNATUR			-				a	23B. DATE SIGNED	
		7	0	1	// 0 -	ending	Med. Director	Staff Phys.	5/18/12	
	23C. PHYSICIAN	'S		V (DEGREE	23D. ADDRE				
	NAME (Typ	0)				-	000	0 (1	+	
		SPAR	VILLAPEN)	WITTEN DEGREE	5	550,0	yes but	Uer \	
24A	BURIAL CREM	ATION, 248.	DATE 24	C. NAME	of CEMETERY of CI	REMATORY	24D.	LOCATION (City, town, or county) (State)	
	Cremati		7-10 72	Loud	don Park	Cemet	ary B	altimore,	Maryland	
	. DATE REC'D E		DEPT. 258, NA	ME OF R	con Park	25C. FU	NERAL DIRECTO	R	ADDRESS	
	448V 4 0	4000	10000	48		H.W	.Jenkin	s Sons Co	. 4905 York Rd.	
									1 7/2/2010	
	MAY 3 8	19/2	Millia E. V	المراتفون	ALD.	- 17	7 Bal	s Sons Co timore, M	d. 7 21212	



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

IN OF	0		BALTIMORE CIT	Y HEALTH DEPARTMENT		72 04769			
BIRTH NO.	72 (4769	CERTIFICA	TE OF DEATH	REG. NO.				
I. NAME OF D		71100			AND HOUR OF DEATH				
(Type or Print)	Deegan	506		2 5-	14-79	111.15			
3. PLACE IN B	ALTIMORE MARYLAND, WI	HERE PRONOUNC	ED DEAD	4. USUAL RESIDENCE (W. A. STATE B. COL	nere deceased lived. If in	stitution: residence before admission)			
FULL NAME C		L OR INSTITUTIO	N. GIVE STREET	Maryland		1701			
HOSPITAL OR	ADDRESS OR LOCA	TION)		C, CITY OR TOWN	D. INSI	DE CITY LIMITS?			
70				Baltimore		YES NO			
Cocara	Wachand	Marcin	11	E. STREET AND NUMBER	A - 1 =				
5. SEX	6. RACE		Home	8. DATE OF BIRTH.	9. AGE (In years	I If II at a 1 Very of II at a 2 Very			
male	/ /		NEVER MARRIED	158971/24	last birthday	If Under 1 14. if Under 24 His. Months Doys Hours Min.			
	CUPATION (Give kind of work) of working life, even if retired)	OR, KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fo	leign country)	12. CITIZEN OF WHAT COUNTRY?			
		mechanie	ret.	XXXXXXXXX	anuland	11514			
13. FATHER'S N				14. MOTHER'S MAIDEN N.	A	0011			
XXXX	XXXXXXXXXXXX Wil	lliam P	Deecan	XXXXX KENXXXXX	Y Carthanin	1 0 1			
15. Wos Deceos	ed Ever in U. S. Armed Force	of Service) 16.	SOCIAE SECURITY NO.	17. INFORMANT	(atherine	A. Penderoast			
No	, , , , , , , , , , , , , , , , , , , ,		17-09-4765	phonet					
18. // -	26.91		CAUSE OF DEAT	H		APPROXIMATE INTERVAL			
DISE	ASE OR CONDITION DIRE	CTLY	VICE	7)MBNIA	and a	BETWEEN ONSET AND PEATH			
(This does	not mean the mode of a	hata a sa a sa	(A) MMEDIATE CAL	JSE		1 week			
heart failur	e, asthenia, etc. Il means f	he diseose.	DUE TO, OR AS	A CONSEQUENCE OF:	TROSIS	7			
injury of Co	omplication which caused of ANTECEDENT CAUSES	leath.)	MCIO	7000	Rosis	30			
DISEASES			(B) OP 45	CONG					
rise lo	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the								
UNDERLYI	NG CONDITION last.		(c) 1/10 C	KITOOK	700				
O OTHER SIGN	II IIFICANT CONDITIONS CON	TRIBUTING	CTERO.	vic con	555710	5 UDAIS			
F TO THE DE	ATH BUT NOT RELATED TO THE CONDITION GIVEN IN PART	TERMINAL	HE AY	et tot	LUKE	1811			
DISEASE OR	OF OPERATION 198. CONDI	ITION FOR WHIC	H OPERATION	20A. AUTOPST? (Yes or h		INDINGS CONSIDERED			
U 21A. ACCID	WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (if in Boltimore City, give exect insortion)								
II < IDEATH (not	ENT WAS UNDERLYING DESTRUCTION CAUSE OF	home, fo	orm, foctory, street, of	fice bldg. INJURY OCCUR	(If In Boltimare	City, give exoct locotion)			
O 21D-TIME			URY OCCURRED						
S OF INJURY	(100)	While A		21F. HOW DID IN	JURY OCCUR?				
		Wark	At Work	and the state of	71	au 111 7.			
	y that (1) (this hospital)		eceased from 17	MICEN 16	19 10 19 1				
) last saw the deceased					ion death occurred on the date			
	and hour and from the causes stated abave (1) (We) (II) (did not) view the body after death.								
9:	238 DATE STONED								
23CLPHYSIC	Attending Attending Director Director Phys. Shaff Director Phys. 230-ADDRESS 936 W. NORTH AV.								
RAME	L-AD \ F	TYSO) MA	736	10,000	THE THOU			
		1 7 767							
24A. BURIAL CI	EMATION, 248. DATE		of CEMETERY of CRE	MATORY 24D.	LOCATION (Cin	(A lown, or county) (State)			
24A. BURIAL CI REMOVAL Burial	LEMATION, 248. DATE (Specify) 5/17/1	24C'NAME	of CEMETERY of CRE						
Burial	5/17/	24C'NAME	Cathedral		eltimore, Ma	nyland			

7/16/172- Adm. to Ceo. Washington Nin

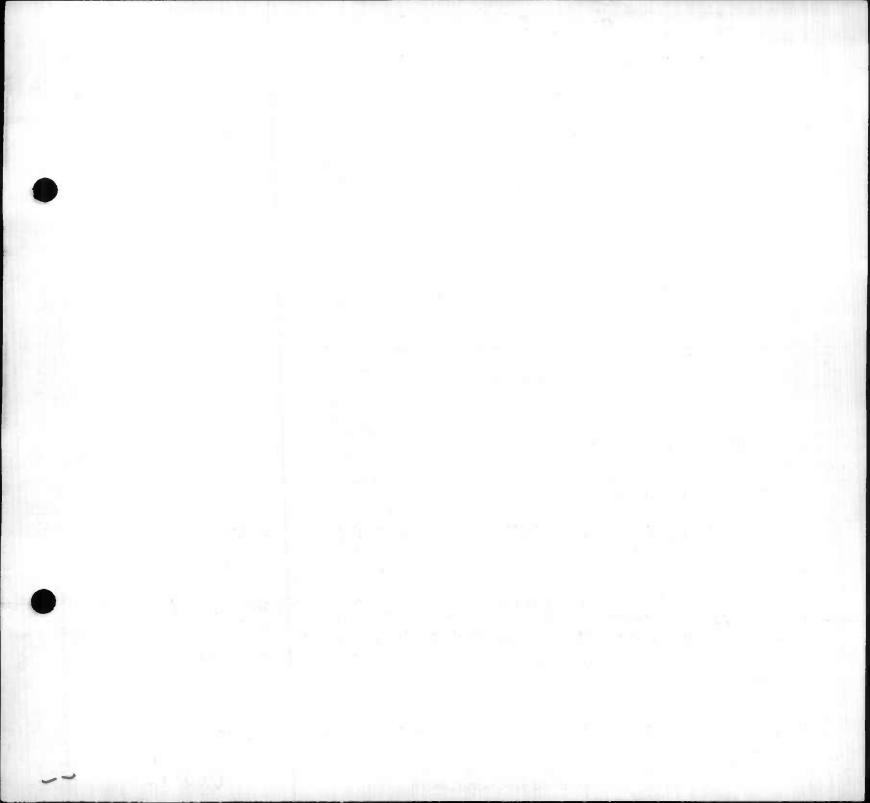
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1232 Harrison

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1	1-000		BALTIMORE CITY	HEALTH DEPARTMENT		~(2 0 6)**(2 (2				
BI	ATH NO.	72 047	CERTIFICA	TE OF DEATH	REG. NO.	72 04/10				
1,1	NAME OF DECEASED	12 011		2. DATE AN	D HOUR OF DEATH					
СТУ	pe or Print	× MSB	- MAMIE	511	15/72	1 2.10 AM. M.				
3.	PLACE IN BALTIMORE, M	ARYLAND, WHERE P	ONOUNCED DEAD	4. USUAL RESIDENCE IWhen	re deceased lived, If instill	tion: residence before admission)				
II H	ILL NAME OF (IF NO ADDR	T IN HOSPITAL OR I	NSTITUTION, GIVE STREET	C. CITY OR TOWN	D. INSIDE	CITY LIMITS?				
	CHURIN HOME	= 9, 11 eni7	1	BALTIMOS E. STREET AND NUMBER	RE YE	NO 🗌				
	CHOICEN MONE		BleADWA3, BAL	140 W. LIAKE		21224				
5.	SEX 6. RACE	7. MAR	RIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH 2)16189	9. AGE (In years III lost birthday)	Under 1 Yt. Il Under 24 Hrs. onths Doys Hours Min.				
10/	LUSUAL OCCUPATION (G	ive kind of work 108, KIN	D OF BUSINESS OR INDUSTRY			2. CITIZEN OF WHAT COUNTRY?				
dor	during most of working life,	even if retired]		m.D.		AMER				
13.	Houseville FATHER'S NAME!	anna Fran		14. MOTHER'S MAIDEN NAM	Melica Haltor	MAIDEN NAME				
	XXXXXXXX	eorge traz	8XV9XV 8 XX	/CA/GV//VA/VI	KONONOKO	Not unound				
(Yo	Wos Deceased Ever in U. s, no or unknown) (If yes, giv	Armed Forces?	ice) 16. SOCIAL	17. INFORMANT		ADDRESS				
	No _		911-19-1698	medical a	Harris + gr	land son.				
	18. 281.9	I	CAUSE OF DEAT	H		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
1		TO DEATH		Dob. 1801	.00 . 0 .00 -					
	1This does not meen to	he mode of dying,	e.g., (A) IMMEDIATE CAL	Dehydlab A CONSEQUENCE OF:	THEY	m;//4				
1	heart failure, asthenia, e	tc. It means the dis	eose,	A CONSEQUENCE OF:						
		NT CAUSES	mala	u Philim						
	DISEASES OR CONDI		(8)	A CONSEQUENCE OF:						
	rise to the above	cause (A) sloting	ine							
	UNDEKETING CONDIT	UNDERLYING CONDITION lost, (C)								
ERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL									
N S	19A-DATE OF OPERATION		FOR WHICH OPERATION	20A. AUTOPSY? IYos or No	208 IF YES WEDE FINE	DINGS CONSIDERED				
RTIF	0 -	WAS PERFORMED			IN CERTIFYING CAUSE	S OF DEATH?				
CAL CE	21A. A CCIDENT WAS UP OR CONTRIBUTING CA DEATH (notify medicol ex	AUSE OF	21B. PLACE OF INJURY le.g., i home, form, foctory, street, of etc.)	n or obout 21 C. WHERE DID	(II in Soltimore CI	ty, give exoci locotion)				
MEDI	21 D. TIME (Month) (Doy) IYeor) (Houd	21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?					
3	IAPPROX.)		While At Not While Work At Work	• 🗆 🕒						
	22. I certify that (I) (t)	his hospital) attend								
		d hour and from the causes stated above. (i) (We) (did) (did not) view the body after death.								
	23A. SIGNATURE	Λ	, os (1) (110) (ata) (ata 1101) V	tew the body offer deoffi.	231	B, DATE SIGNED				
	2.0	Vaniario		nding Med.	Staff Phys.	5/15/172				
	23C. PHYSICIAN'S NAME Type) DEGREE Phys. Director Phys. J 23D. ADDRESS									
24/	DEGREE!									
	Burial 5/17/72 Oak Lawn Cemetery Baltimore, Maryland (Stotel									
254	7.6 A Maran Mar									
	MAY 1 9 197	2 Jaber E.	Ja Ban ADO	25C. FUNERAL DIRECTOR	00 E. Baltimore					
VS	150-REV. 1/1/68	11			All. 2121	24				



FUNERAL DIRECTOR: IMPORTANT

BALTIMORE CITY HEALTH DEPARTMENT 72 (4771 CERTIFICATE OF DEATH death Such Deceased 1. NAME OF DECEASED DATE AND HOUR OF DEATH uo (Type or Print) 4. USUAL RESIDENCE I Where deced to lived. It institution: residence before admission)
A. STATE

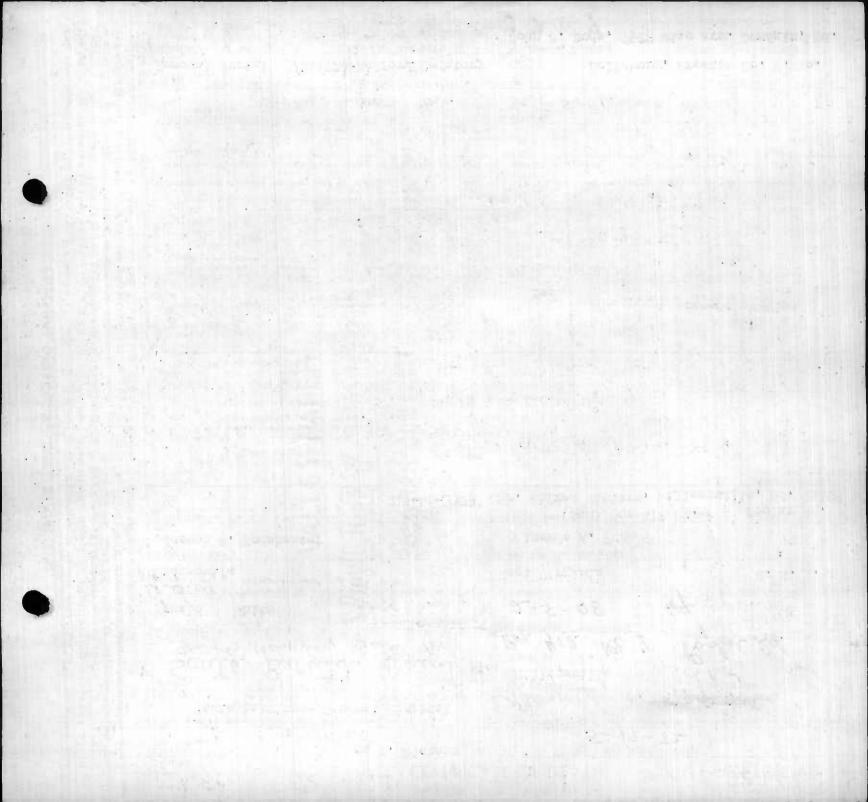
8. COUNTY J. MINIECKI a hospital death. of 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD attendance (2) cause FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) HOSPITAL OR use; 10 C. CITY OR TOWN D. INSIDE CITY LIMITS? YES 🔀 NO prior Church Home & Hospital Homo Low contributing 000 E. STREET AND NUMBER occurred etermined de. 224 10ald 9 5. SEX 9. AGE (In years Ma · MARRIED NEVER MARRIED If Under 1 Yr. Months Doys deceased Il Under 24 Hrs. regu m WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or loreign caunity) 12. CITIZEN OF WHATSCOUNTRY? death = disposition done during most of working life, even if retired) 0 (4) Und Shipping Clerk-Butler Brothers Maryland Was the 13. FATHER'S NAME direct 4. MOTHER'S MAIDEN NAME Joseph Winiecki MARGARET eath 00 kind; 15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) Uf yes, give wor or dates of servicel 6. SOCIAL 17. INFORMANT or final SECURITY NO. -DR. V. S. SAILAM. attendance Charch How 0 NO 01 3510 216 teo mora any pronounced CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY of mbaimed LEADING TO DEATH Cardio-rests ratery (A) IMMEDIATE CAUSE fracture (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: hearl failure, osthenia, etc. It meons the diseose, gular injury or complication which caused death.) ANTECEDENT CAUSES who 0 Te are 4 DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating tha physician UNDERLYING CONDITION last. mains Was П CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING cian TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) (2) Body the 19A. DATE OF OPERATION 19R. CONDITION FOR WHICH OPERATION WAS PERFORMED Habour forming where the 20A. AUTOPSY? (Yes or No) 20 & IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? the body was released to the hospital by a physi 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 & PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (II In Boltimore City, give exact location) °N bel MEDICAL DEATH (notify medical examined) any nature; obtained 21 D. YIME 9 (Month) (Doy) (Year) (Hour) 21 & INJURY OCCURRED 21F. HOW DID INJURY OCCUR? approved OF INJURY (except Not While While At (APPROXI and At Work 22. I certify that (1) (this hospital) attended the deceased from 10001 that (1) (we) lost saw the deceased alive on May 19 7 and that In (my) (our) opinion death occurred on the date of hospital eath) and hour and from the causes stated above. (1) (We) (did) (did not) view the body ofter death. must An accident 23A. SIGNATURE 238 DATE SIGNED ō Attending 10 pproval 8 23C. PHYSICIAN'S prior 23D. ADDRESS t a NAME (Type) D.O.A. DEGREE 24A. BURIAL CREMATION, 248, DATE 24C. NAME OF CEMETERY OF CREMATORY deceased 24D. LOCATION REMOVAL (Specify) St. Stanislaus Cemetery 5/18/72 Baltimore. Maryland Burial Was 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 2829 Hudson St. Balto. Md. John J. Duda. VS 150-REV. 1/1/68

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12-3-91 0

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.(1/-5		5		Y HEALTH DEPARTMENT		~() ("""")
mile	No Ja	10 12	04772	CERTIFICA	TE OF DEATH	REG. NO.	72 04772
1. N	AME OF DEC	EDNA WIN		Winters	1	17-72	1 11:55
FUI	South NAME OF SPITAL OR STITUTION	The Ball	General H TAL OR INSTITUT ATION)	lospital TION, GIVE STREET ONLY	4. USUAL RESIDENCE (Where A STATE B. COUN' Maryand C. CITY OR TOWN Millersville	Anne	Arundel DE CITY LIMITS? YES NO
5	3001	5. Hanover	1 Ball	to, Mid.	Box 412 R	EI PO	plan Rd
	emale	White	WIDOWED	,	2-5-08	ost birthdoy) 64	Months Doys Hours
dong		UPATION (Give kind of working life, even if retired) 6	KIOB, KIND OF B	SUSINESS OR INDUSTRY	West Virginia	gn country)	U. S. A.
	Joseph 1	ME. Rodeheaver			Amanda A. Fu		MATERIAL STATES
(Yes		Ever in U. S. Armed For		6. SOCIAL SECURITY NO. 217-46-3309	Mr. Alfred Wint	ox 412 Rt. ers, Miller	# 1 Popfar Rd
		ANTECEDENT CAUSES		(B) Antin	etabolite The	RAY.	
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IFICATION	OTHER SIGNITO THE DEAD	e obave cause (A) G CONDITION losi.	ONTRIBUTING THE TERMINAL RT I (A). HOTTON FOR WE	(c) Hodg!	m Gastrie -	Hafe MB or Weer	FINDINGS CONSIDERED
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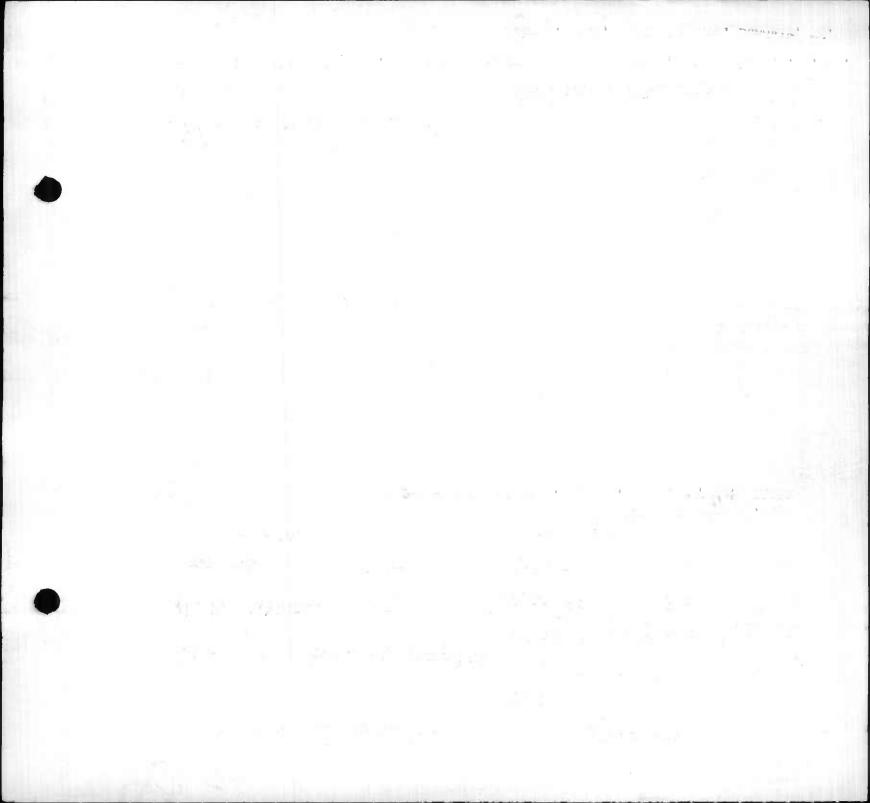
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. BIRTH NO I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 10.00 A M. BERNARD SAMUEL HILLEGAS 5-15-1972 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, It institution: residence belore admission A. STATE 8. COUNTY Maryland Baltimore FULL NAME OF HOSPITAL OR INSTITUTION CIF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION C. CITY OR TOWN D. INSIDE CITY LIMITS? Baltimore City Hospitals Dundalk YES -NO 🗵 4940 Eastern Avenue E. STREET AND NUMBER Baltimore, Md. 21224 Wise Avenue 5. SEX 6. RACE 8. DATE OF BIRTH 9. AGE (In yours 7. MARRIED NEVER MARRIED Il Under 1 Yr. Il Und Months: Doys Hours Il Under 24 Hrs. lost birthdoy Male Caucasian WIDOWED 7-2-91 DIVORCED 80 IOA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most al working life, even if retired) Pennsylvania Retired U.S.A. Glen L. Martins 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Hillegas Emma Sarver 15. Was Deceased Ever in U. S. Armod Forces? (Yos, no or unknown) (If yes, give wer or dates of service) 6. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. 196-09-0044 Yes WW I Records: BCH-4940 Eastern Avenue 21224 18. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It means the discose, injury ar complication which caused death.) ANTECEDENT CAUSES (B) DUE TO, OR AS A DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, affice bldg., INJURY OCCUR? (If In Boltimore City, give exact location) MEDICAL DEATH (notify modical examined 21D. TIME (Month) (Day) (Year) 21E INJURY OCCURRED 2) F. HOW DID INJURY OCCUR? Not While While At (APPROXI At Work 22. I certify that (1) (this hospital) attended the deceased from that (1) (we) last saw the deceased alive an and that In (my) (aur) apinion death accurred on the date and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death. 238. DATE SIGNED Attending Phys. Director L. 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) 4940 Eastern Avenue Baltimore City Hospitals 21224 Robert Lloyd Ruxin DEGREE 24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION REMOVAL (Specily) (City, town, or county) (Stotel 5-20-72 Granview Cemetery Johnstown, Cambria Co., Penna. 25A. DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR 25C. FUNERAL DIRECTOR

Duda 17922 Wise Ave. Dundalk, Md. 21222 John VS 150-REV. 1/1/68

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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	G-514 72 0477	/ . ¹⁰	HEALTH DEPARTMENT	X REG. NO.	72 04774
	1. NAME OF DECEASED (Type or Print) C) Arence G	amble	51	18 72	12:00 Am
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PROI FULL NAME OF HIF NOT IN HOSPITAL OR INS ADDRESS OR LOCATION)		N. SIAIL	ne deceased lived. If instituted and the second sec	itution: residence before odmission)
4	8 M Any and General		C.CITY OR TOWN DUN	,	E CHY LIMITS? YES NO 🛛
			E. STREET AND NUMBER	dHaven	Rd. 21222
	Make White WIDOW	DIVORCED	10/05/88	83	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	10A. USUAL O CCUPATION (Give kind of work 10B. KIND done during most of working life, even if refired) Warel 13. FATHER'S NAME	nouse	Wost. V.	rainin	12 CITIZEN OF WHAT COUNTRY?
	Ira Gamble		Mary Runner	/	
	5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown! Uf yes, give wor or dates of service No	" (SECURIT NO.)	Billy E. Gamble	8042 Mid Have	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF DEATH	Preumo	nia	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	(This does not meon the made of dying, e. heart foilure, asthenio, etc. It means the diseast injury or camplication which caused death.) ANTECEDENT CAUSES		CONSEQUENCE OF:	**************************************	***************************************
	DISEASES OR CONDITIONS, if any, giving itself to the above cause (A) stating the UNDERLYING CONDITION lost.	(B) DUE TO, OR AS A	CONSEQUENCE OF:	***************************************	1000000
- 111.9	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINA DISEASE OR CONDITION GIVEN IN PART 1 (A).	3			
	194 DATE OF OPERATION 198 CONDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE FIN	DINGS CONSIDERED
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	IB PLACE OF INJURY (e.g., in come, form, foctory, street, office)	or about 21 C. WHERE DID INJURY OCCUR?	(If In Boltimore C	lity, give exect facotion)
	E (APPROX.)	L INJURY OCCURRED White At Not White At Work	21F. HOW DID INJU	JRY OCCUR?	
	22. I certify that (I) (this haspital) attended that (I) (we) fost sow the deceased alive an	the deceased from		9to	n death accurred on the date
	ond hour and from the causes stoted abave.	(I) (We) (did) (did nat) vie	w the bady after death.		B. DATE SIGNED
	23C. PHYSICIAN'S NAME ITypel	Attend Phys. 231		hype S	May 18,1972
2	1 William Ross David	SONJO M. DEGREE	ATORY 24D, LO	CATION ICity,	lown, at caunly) (Stote)
11	SA. DATE REC'D BY HEALTH DEPT. 258 NAME	t. Calvary Cemet		gantown, Mono	ngalia Co. W. Va.
	MAY 1 9 1972 SEE E. SALS	强 MUL O D O	John . Duday	7922 Wise Av	e. Dundalk, Md.



72 04	BALTIMORE CITY HE	ALTH DEPARTMENT		
		CERTIFICATE OF DE	ATH REG. NO.	2 09775
I. NAME OF DECEASED (Type or Print) ERNEST W.	DAY	2. DATE Known X Mon OF DEATH Estimated Ma	th Doy Ye	or Hour
4. PLACE IN BALTIMORE, MARYLAND, WHE		3. DATE Mon PRONOUNCED DEAD		Hour Hour
HOSPITAL ADDRESS OR LOCATION	R INSTITUTION, GIVE STREET N)		y 10, 1972	2:10 P. M.
Provident Hos		A STATE Maryland	B. COUNTY	1303
	MARRIED NEVER MARRIED DIVORCED D	C. City OR TOWN Baltimore	D. INSIDE CITY LIM	
9. DATE OF BIRTH 10.AGE (in yet		E. STREET AND NUMBER	YES X	NO L
8-28-33 Iost birthdoy) 38	12. CITIZEN OF	2439 Etting	Street	
Md,	WHAT COUNTRY?	JAMES WM	DAY	
done during most of work 148.	KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME		
16. WAS DECEASED EVER IN U.S. ARMED FO (Yes, no of unknown)(il yes, give wor or dotes of se	PRCES? 17. SOCIAL SECURITY NO.	Renes GIB	ADDRES:	5
119.				
THERE	CAUSE OF DEA	in sive and arterioscle	erotic	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ANIMMEDIATE C		disease	
(This does not mean the mode of dying, heart follure, osthenia, etc. it means the dis- injury or complication which coused death.)	e.g., DUE TO, OR A	AS A CONSEQUENCE OF:		
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Z OTTO COTOMON EAST.	(c)			
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20A. DATE OF OPERATION 20B. CONDIT	TON FOR WHICH OPERATION WA	AS PERFORMED	21. A	UTOPSY? (Yes or No)
22A. EXTERNAL CAUSE WAS UNDERLYING OF CONTRIB- UTING CAUSE OF DEATH,	22B.PLACE OF INJURY (e.g., home, form, factory, street, office	in or about 22C. WHERE DID (If in Ball bldg., etc.) INJURY OCCUR?	timore City, give exact locati	Yes
3	(Hour) 22E.INJURY OCCURRED WHILE AT NOT	22F. HOW DID INJURY C	OCCUR?	
23.	m. WORK LATW			
I certify that I held an Inqui			sis, death in my opinio	n
ACTUAL (8/ On.	D. D.	CHIEF MEDICAL EXAMIN		
SIGNATURE MANUS EXAMINER'S Charles	S. Springate, M.D.	ASSISTANT MEDICAL EXAMIN		DATE SIGNED
NAME (Type)	o. sprængate, M.D.			
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY	or CREMATORY 24D. LOCAT	1-	
	B. NAME OF REGISTRAR	emetery Bacon 25c. FUNERAL DIRECTOR	ADDRESS	Md.
MAY 1 9 1972 USS E	The Block At A.	Robert L. Sa	wounden Ro	ckoll MS
VS 151-REV. 1/1/68	1 1 min G C	3 / / 0		1

6-12-1972 - Completion of cause of death on a pending medical examiner death certificate
Charles S. Springate, M.D.

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certificate must be

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the

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BALTIMORE CITY HEALTH DEPARTMENT

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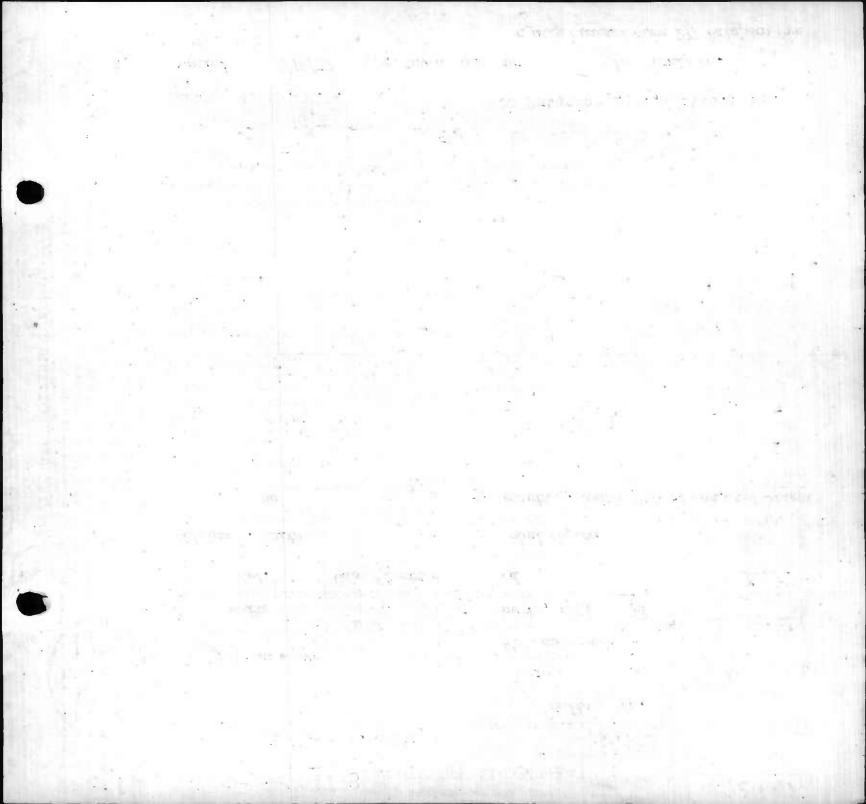
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INSTIT	NOITU			02004	C, CITY OR TO		D. INSIDE C	TTY LIMITS?
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BAI	LTO.	City, Hosp	itals .	Baltimore, Md.	E. STREET AN			
						CLLIOTT ST.	21224	
5. SEX	_h_	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIT	9. AGE (In yollost birthday)	ears II	Under 1 Yr. II Under 2
	male	Caucasian	WIDOWED		1-29-0	2 7.		
IOA, US	UAL OCCU	IPATION (Give kind of wor varking life, even if refired)	LIOR KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLAC	E (State or foreign country)	12	CITIZEN OF WHAT CO
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						MANAGER HANGE		
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Yes, no	of unknown)	Ever in U. S. Armed Fo (II yes, give war or date	rces? es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMAN			ADDRESS
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BIRTH NO.	MEDICAL	EXAMINER'S	CERTIFI	CATE OF	DEAT	H REG. NO.		2 0477
1. NAME OF DECEASED			2. DATE	Known []	Manth	Doy	Year	Hour
(Type or Print) Tyr	OF DEATH	Found - Estimated	5	16	72	6:15 A.		
4. PLACE IN BALTIMORE, MARYLA	ND, WHERE PRO	NOUNCED DEAD	3. DATE		Month	Day	Yeor	Hour
FULL NAME OF (IF NOT IN H HOSPITAL ADDRESS OR	OSPITAL OR INSTIT	TUTION, GIVE STREET	PRONO	UNCED DEAD	5	16	72	6;15 A.
OR INSTITUTION			5. USUAL R	ESIDENCE (Where				
Fallsway	& Pratt	St.	A. STATE	aryland		B. COUNTY		900
6. SEX 7. RACE	8. MADDE	D NEVER MARRIED	C. CITY OR			D. INSIDE C	ITY LIMITS?	191
Mala Nagra	WIDOWE		D.	01+i-0-0				
Male Negro		if Under I Yr, If Under 24 Hrs,		altimore		<u> </u>	ES X	NO L
12-25-60 lost b	irthdoy) A	Aonths Days Hours Min.						
I. BIRTHPLACE (State or fareign cause	11	2. CITIZEN OF	I3. FATHER	209 E. Lar	vale	Street		
		WHAT COUNTRY?		Roosevelt				
Baltimore, Maryl					4.5			
one during most of working life, even if re	tired)				A IE			
Student	DMED FORCES	none	The second second	Gladys	Terra	12 25	24-20-2	
6. WAS DECEASED EVER IN U.S. A Yes, no or unknown) (If yes, give war or	dotes of service)			MANIZUS E.			BURES52	
no		none	1	lmer and C	orine	RICCH		PROXIMATE INTERVA
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DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE A UNDERLYING CONDITION L OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION GIVEN 20A. DATE OF OPERATION 20B.	AST. NS CONTRIBUTII	(c)	AS A CONSE	QUENCE OF:				
DISEASE OR CONDITION GIVEN	I IN PART 1 (A)-							
20A. DATE OF OPERATION 20B.	CONDITION FO	OR WHICH OPERATION WA	S PERFORM	ED			21. AUTO	PSY? (Yes or No)
. 6.2							Y	es
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) OF INJURY (APPROX.) 5 11	(Year) (Hour)		WHILE C	2C. WHERE DID (WURY OCCUR? E. Fallsw 2F. How DID INJ drowned	ray &	Pratt St		401
ACTUAL SIGNATURE EXAMINER NAME (Type) Werne 24A. BURIAL GREMATION, 24B. D/ REMOVAL (Specify)	r U Spi	M.D	ASSI: ASSO OF CREMATO	CHIEF MEDICAL ESTANT	Indetermi KAMINER KAMINER KAMINER	ned manner [or county)	DATE SIGNED 5-16-72 (State)
25A. DATE REC'D BY HEALTH DEPT.	258. NA	ME OF REGISTRAR		UNERAL DIRECTO			DAME.	21213
MALTA MIC	KIND OF A	Ra. Roy Ac B	1	Marshall W	. Jon	es, Jr.		
S 151-REV. 1/1/68	131	2000		7 2				1

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ficate m was rel) An acc	A. at a prior t
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

5-530	70 045	BALTIMORE CITY	HEALTH DEPARTMENT		72 04778
	12 047	CERTIFICA	TE OF DEATH	REG. NO	1~ 01110
BIRTH NO.			lo Darr As	ID HOUS OF DEATH	
Type or Print)	William	O. Smith	5. DATE A	15/72	430
3. PLACE IN BALTIMORE	MARYLAND, WHER	E PRONOUNCED DEAD	4. USUAL RESIDENCE (Who A. STATE Balto	re doceosod lived. If i	institution: residence before admission)
FULL NAME OF (IF HOSPITAL OR AD INSTITUTION	NOT IN HOSPITAL O	OR INSTITUTION, GIVE STREET N)	C. CITY OR TOWN		SIDE CITY LIMITS?
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SEX 6. RAC			540 Maude Ave		
M Whi	te w	MARRIED NEVER MARRIED DIVORCED	Nov 12, 1893	9. AGE (In yours lost biglindoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
done during most of working		as Electric	11. BIRTHPLACE (State or fore	ign country)	US A
3. FATHER'S NAME William W.	Smith		Mabel Peyton	ME	
S. Was Deceased Ever in Yes, no or unknown) (11 yes,		SOLUTION 16. SOCIAL SECURITY NO.	17. INFORMANT	1 . 2 . 4 . 5	ADDRESS
	no	2/2 05 744	Kenneth E. Smi	th 3806 St 1	Margaret Street
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(This does not meo heart failure, astheni	n the mode of dyi	diseose,	A CONSEQUENCE OF:		
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	11				
OTHER SIGNIFICANT OF TO THE DEATH BUT NO DISEASE OR CONDITION	OT RELATED TO THE TE	RMINAL			
		ON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or N	208. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
21 A. ACCIDENT WAS OR CONTRIBUTING	CAUSE OF	21B. PLACE OF INJURY (e.g., home, form, loctory, street, otc.)	in or about 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If In Boltimo	ore City, give exoct location)
21D. TIME (Month		our) 21E. INJURY OCCURRED	21F. HOW DID IN.	IURY OCCUR?	
(A PPROX.)		While At Not Whi			
22. I certify that (I) (this hospital) at	tended the deceased fram	Jene	19/28 10 17	nay 15 1972
			19. 2 2 ond th	not In (my) (oper) op	olnian death occurred on the do
		obove. (I) (We) (did) (did not)			
23A. SIGNATURE	00		ending Med.	Staff Phys.	238. DATE SIGNED
23C. PHYSICIAN'S NAME (Type)	- Klas	the Wy DEGREE Phy	23D. ADDRESS		
	bin, M.D.	DEGREE	203 Patapsco		
REMOVAL (Specify)	5/19/72	Glen Haven (eme		Jen Burnie	City, town, or county) (State)
SA. RANYET 98497	ZH DETTO AB	NAME OF REGISTRAR	25C. FUNERAL DIRECTO	R	ADDRESS
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72 04779 **BALTIMORE CITY HEALTH DEPARTMENT** MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 1. NAME OF DECEASED Known 🛣 KAY 2. DATE Month Hour (Type or Print) OF 72 10:30P. M Linda & Taylor 5 15 Estimoted DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Hour 3. DATE Month Day Yeor PRONOUNCED DEAD

5 15 72 10:30 P

ATTRES PROGRAMMEN A STATE

1816 E. Baltimore Street A STATE

Maryland

Maryland 10:30 PM Maryland C. CITY OR TOWN D. INSIDE CITY LIMITS? 6. SEX 7. RACE 8. MARRIED NEVER MARRIED Wai te WIDOWED [YES X DIVORCED Baltimore FeMale NOL # Under 1 Yr. II Under 24 Hrs. E. STREET AND NUMBER 9. DATE OF BIRTH 10. AGE (in years Months Days , Hours , Min. losi birthdoy) Jan 15 1949 1816 E. Baltimore Street 11. BIRTHPLACE(State or foreign country) 12 CITIZEN OF 13. FATHER'S NAME WHAT COUNTRY? Virginia. Robert G Arnold 14A.USUAL OCCUPATION (Give kind of work) 4B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even life itred)
Housewife Flornce Houseright 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (if yes, give wor or dotes of service) 18. INFORMANT 17. SOCIAL SECURITY NO. ADDRESS 215-56-4434 APPROXIMATE INTERVAL CAUSE OF DEATH 19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Gunshot wound of head (A) IMMEDIATE CAUSE (This does not mean the mode of dylng, e.g., heart foilure, asthenia, etc. li means the disease, DUE TO, OR AS A CONSEQUENCE OF: injury or complication which coused death.) **ANTECEDENT CAUSES** DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL CERTIFI DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) Yes 22A. EXTERNAL CAUSE WAS 228. PLACE OF INJURY(e.g., in or about 22C. WHERE DID (If in Baltimore City, give exact location) home, farm, factory, street, office bidg., etc.) INJURY OCCUR?

Home
1816 E. Baltimore St. UNDERLYING TOR CONTRIB UTING CAUSE OF DEATH. 22D. TIME (Month) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? (Doy) (Year) (Hour) NOT WHILE WHILE AT (APPROX.) shot in head 15 WORK AT WORK 23. I certify that I held an Inquiry Autopsy X Inspection and that an this basis, death in my apinion Hamicide 🔀 resulted from Natural causes Accident Suicide Undetermined manner Deputy CHIEF MEDICAL EXAMINER X

Robert G. Arnold 5309 Hamilton St Hyattsville BETWEEN ONSET AND DEATH DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE. 5-16-72 EXAMINER'S ASSOCIATE MEDICAL EXAMINER NAME (Type) Werner U. Spitz, M.D. 24C. NAME of CEMETERY OF CREMATORY 24A. BURIAL CREMATION. 24D, LOCATION (City, town, or county) REMOVAL (Specify) May 19 1972 Mt Carmel Cemetery O'Donnell Street Balto 25A. DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS THE DIPPEC BROSING 1800 ELOMBARD VS 151-REV. 1/1/68

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icate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	L at a hospital (except where the physician who pronounced death was in regular attendance on the	prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	pproval must be obtained before the remains are embalmed or final disposition is made.	
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BALTIMORE CITY HEALTH DEPARTMENT 72 04780 CERTIFICATE OF DEATH REG. NO. BIRTH NO 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Anna V. Brown May 16, 1972 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission)
A. STATE
B. COUNTY Md. Balto (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS Baltimore YESK NO E. STREET AND NUMBER 5416 Springlake Way 5416 Springlake Way 5. SEX 6. RACE 9. AGE (In years & DATE OF BIRTH 7. MARRIED X NEVER MARRIED Il Under 1 Yr. Il Under 24 Hrs. Months Days Haurs Min. last birthday Female White 6/3/1883 WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired)
Homemaker Baltimore. Md. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frederick Miller Margaret Schaeffer 15. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yos, give wer at detes of service) SECURITY NO. 217 14 5412B Mr. Charles L. Brown no same 18. CAUSE OF DEATH APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO. OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B)______DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last H CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID (il in Boltimore City, give exoct location) home, farm, fectory, street, affice bldg, INJURY OCCUR? MEDICAL DEATH (notify medical exomined) 21 D. TIME OF INJURY (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Net While While At (APPROX) Work At Work 22. I certify that (I) (this hospital) attended the deceased from that (1) (we) last saw the deceased alive on. and that in (my) (abr) opinion death accurred on the date and have and from the causes stated above. (1) (Ne) (did) (did not) view the bady after death. 23A. SIGNATURE 238, DATE SIGNED Attending [Med. Director Phys. 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) DEGREE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote) Burial 5/18/72 Loudon Park Cemetery Frederick Rd Balto Md 25A. DATE REC'D BY HEALTH DEPT. 254 NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS

Mithhell Wiedefeld Home 6500 York Rd. VS 150-REV. 1/1/68

A STREET, STRE 1 87753

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are embalmed or final disposition is made.

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(Тур	e or Print)	GRA	NT	u.	ST	NER	5-	15-7	12-1	15 P.M.
3. 1	LACE IN BALT	IMORE, MARYLAND	, WHERE PRO	HOUNCED	DEAD	A, STATE	B. COUNTY	oceosed lived, 11	institution; ros	idente belare admission)
FUI HO INS	L NAME OF	(IF NOT IN HO	SPITAL OR INS	STITUTION,	GIVE STREET	C, CITY OR JOWN	LAN	D 15	ISIDE CITY LIM	TO 105
EA	1100	(IAX)DI	Ctal	to	SPITAL	15/56	-70		YES 🔯	NO 🗌
7	BA	TO	MI) .	-1 16 - 14	3630	NO	x men	2 R	0.
5. \$	EX	6. RACE	7. MARRI	ED NEV	ER MARRIED	& DATE OF BIRTH	9,	AGE (In years	If Under Months D	Yr. Il Under 24 Hrs.
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- 1-24 Manufacture Mary So. 1

FUNERAL DIRECTOR: IMPORTANT

This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

M-236 72	04782		HEALTH DEPART	X	72 04782
I. NAME OF DECEASED	A MASIL	CEKHILA	TE OF DEA	DATE AND HOUR OF DEAT	
	TI PUST	rk5	No. 11511AL	MAY, 18, 1474	P. M
HOSPITAL OR ADDRESS OF		UTION, GIVE STREET	M D	B. COUNTY Pasaclina	institution; residence belore (idmission)
South Baldinane Q		tal	C. CITY OR TOWN		YES NO
33001 S. Hanour St Balto., MB 21230		- NA.	E. STREET AND N		
5. SEX 6. RACE White	WIDOWED		8. DATE OF BIRTH		Months Doys Hours Min.
10A, USUAL OCCUPATION [Give kind done during most of working life, even if r	of work 10B, KIND OF	BUSINESS OR INDUSTRY	N. Y.	ate or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Unknown	own		14 MOTHER'S MA		
15. Was Deceased Ever in U. S. Arm (Yes, no or unknown) lit yes, give war	ned Forces? ar dates of service!	16. SOCIAL SECURITY NO. 134 - 08 - 3702 - A	Roger A.	Masters 119 (Lo	verhill Road
18. / X X X 1		CAUSE OF DEAT	Н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION	EATH	(A)IMMEDIATE CAL	ice Acut in	mal Jarlane	3 days
(This does not mean the mo heart failure, asthenia, etc. It	means the disease.	DUE TO, OR AS	A CONSEQUENCE OF		
injury or camplication which c	caused death.)	Counting	ma of t	he bloodder	1 year.
DISEASES OR CONDITIONS		(B) DUE TO, OR AS	A CONSEQUENCE O	F:	
rise to the above cause UNDERLYING CONDITION to	(A) slating the	(c)		h bloodder F:	
O THER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION GIVEN	D TO THE TERMINAL	***************************************			
19A-DATE OF OPERATION 198		11111	20A. AUTOPSYT		E FINDINGS CONSIDERED
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that (i) (we) last saw the de	ceased olive on	Mcg. 16	19 72	_ond that in(my) (our) or	olnion death occurred on the date
ond hour and from the cause	s stated above. (i	(We) (did) (did not) v			
23A. SIGNATURE	uhsapay	M·D Atte	nding Med.	C Stoff C	238. DATE SIGNED
23C. PHYSICIAN'S NAME (Type) CHUM SAK	Corkson.		23D. ADDRESS	or Stoff Phys. D	May, 16, 1972
		DEGREE			
24A. BURIAL CREMATION, 24B. DA REMOVAL (Specily) 5/19,	1 11	Ly Cross Come		O 1 11	City, town, or county) (State) 12 Balto Md. 21225
25A. DATE REC'D BY HEALTH DEPT.	258. NAME O		25C. FUNERAL D	URECTOR	ADDRESS
118V 4 0 1070 0.0	2 6 1 Jaski	7800 0 0	Moubly	Funeral "ome 23	7 atapsco Ave 21225

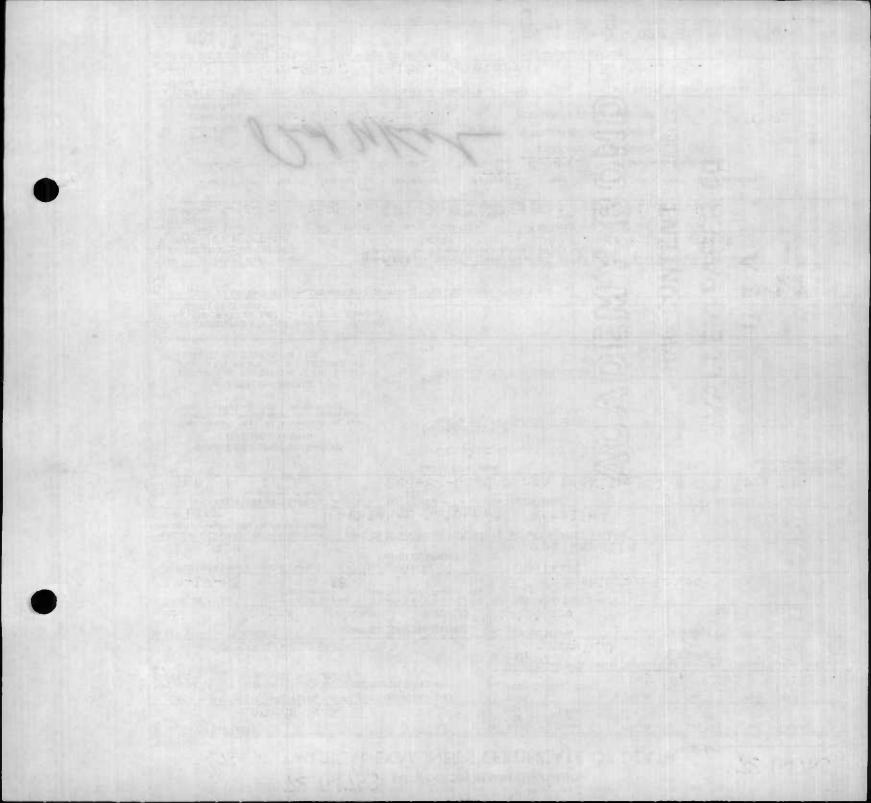
and contained 37, among to species Dodger with rando to a state JOHN CONTRACTOR Royar n. Fasters II's Loweraid Road 11.000 Met

M-245 72 04783 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH
	m, (1) (1) (1) (1)			

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BIRTH NC.		MED	DICA	EX/	AMINER'S	CERTIFIC	CATE OF	DEAT	H REG. NO.	16	0470	10
I. NAME OF DEC	EASED					2. DATE	Known 🔲	Month	Doy	Yeor	Hour	
(Type or Print)	READEI		CKLIN			OF DEATH	Estimoted					M.
4. PLACE IN BAL						3. DATE		Month	Doy	Yeor	Hour	771.
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NO ADDRE	TIN HOSPIT.	AL OR INS	NOITUTIIT	, GIVE STREET		INCED DEAD		16, 1972		9:15	- M.
2 3 T	OHNS HO	PKTNS	HOSP	TTA I.		A. STATE	Maryland		B. COUNTY	. residence	20	7
6. SEX	7. RACE) I ILLIND			NEVER MARRIED	C. CITY OR	2		D. INSIDE CI	TY LIMITS?		-
Male Male	Negr	co	WIDOV	-	DIVORCED [Baltin	more					
9. DATE OF BIRTH		10. AGE (I	nyeors	If Under	r 1 Yr. II Under 24 Hrs.	1	ND NUMBER		YE		ио 🔲	-
11-17-2	23	lost birthdo	48	Months	Doys Hours Min.	1342 1	N. Washing	ton S	treet			
11. BIRTHPLACE (S		n country)			ZEN OF	13. FATHER		5011 0				
Virgini	la			WH	AT COUNTRY?	Rober	rt Mackl	in				
14A.USUAL OCCUP	PATION (Give	kind of work	14B. KINE	OF BUS	INESS OR INDUSTR	Y 15. MOTHER	S MAIDEN NA	WE				
Welder	orking life, eve	en ii retirea)	Reth	lehe	m Shipya:	nd E	stelle					
16. WAS DECEASE Yes, no or unknown)	ED EVER IN	U.S. ARMEE	FORCE	? 17	. SOCIAL	IB. INFORM			A	DDRESS		
Yes	WW		of service	22	SECURITY NO. 26-22-659	Saral	h Mackli	n 701	W Mal	herry	st.	
19. []	1 1				CAUSE OF DEA		1 1100 0 1111 1	11 101	. II MOLL	AP	PROXIMATE IN	
DISEASE	E OR CONDI	TION DIPE	CTIV		Gunsho	t wound	of chest			BETW	TEEN ONSET A	IND DEATH
	LEADING TO		CILI									
(This does no	osthenio, etc.	mode of dy	Ing, e.g.,		DUE TO, OR	AS A CONSEQU	JENCE OF:					
Injury or com	plication which	h coused de	oth.)									
AN	ITECEDENT O	CAUSES			(0)							
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DIADEXTUR	G CONDITION	ON LAST.	ING INE		(c)							
<u> </u>		11			(0)							
OTHER SIGNI TO THE DEA DISEASE OR 20A. DATE OF	IFICANT CON	DITIONS CO	NTRIBUT	ING								
DISEASE OR	COMPINON	GIVEN IN PA	RI 1 (A).		***************************************							
20A. DATE OF	OPERATION	20B. CON	MOITION	FOR WH	ICH OPERATION W	AS PERFORMI	ED			21. AUTO	PSY? (Yes o	or No)
O L											yes	
UNDERLYING	NAL CAUSE V			22B. PLA	CE OF INJURY (e.g., m, foctory, street, offic	in or obout 22	C. WHERE DID (If In Boltimor	e City, give exac	t locotion)	-	
UTING CAL	JSE OF DEAT	rH.			Home	13	348 N. Was	shingto	on Stree	t	80	1
OF INJURY	Month) (Do	y) (Year) (Hou		NJURY OCCURRED	22	F. HOW DID INJ	URY OCCL	JR?			
	-16-72	9:	LO P.	m. WHILI	K NOT	WHILE SI	not during	alte:	rcation			
23.	for all made to		_	7				-				
	fy that I he		quity [top sy 🗴	ond that on th	is basis,	deoth in my	pinion		
resulte	ed from: No	COU:	les 📗	Acci	dent Suited	le Hor	nicide X	Indetermin	ed monner			
ACTUAL	1	/	17	11	111		HIEF MEDICAL E				DATE SIGN	VED
SIGNATU		[m]	1	110	M.D	ASSIS	TANT MEDICAL E	KAMINER	X			
EXAMINE NAME (Ty	R'S RC	nald I	V. Ko	rnblu	ım, M. D.	ASSO	CIATE MEDICAL EX	CAMINER		5/17/	72	
24A. BURIAL CREM	ATION, 24	B. DATE		24C. N	AME of CEMETERY	or CREMATOR	24D, L	OCATION	(City, town	or county)	(Stot	10)
REMOVAL (Specily Burial		5-22-	72	Bol	Lto. Ceme	tann	Ro	1+0		,,	(5.5.	-,
25A. DATE REC'D E					REGISTRAR		JNERAL DIRECTO	lto.,		DRESS		
MAY 1	9 1972	1600	E -		and the same	***						
S 151-REV. 1/1/68		47	¥7. 7	777	73-11	Wm	C March	928	E Nor	UN AV	е.	1
		N	X D	46	16. 13	0	17 1. M					



1-516 72 04784 BALTIMORE CITY HE	
BIRTH NO.	CERTIFICATE OF DEATH REG. NO. 72 (14784)
I. NAME OF DECEASED (GUY L. LOMBARDI) (Type or Print) GUY LOMBARDI	2. DATE Known Manth Day Yeor Hnur
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH Estimoted May 18, 1972 M. 3. DATE Month Day Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD Month Day Year Haur 12:08 Pm.
Church Home & Hospital (DOA)	5. USUAL RESIDENCE (Where deceased lived, if Institution: residence before admission) A. STATE B. COUNTY
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	Maryland C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male White WIDOWED DIVORCED	Baltimore YES ♠ NO ☐
9. DATE OF BIRTH 110. AGE (In years If Under 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER
9-2-07. last ble Manths, Days, Hours, Min.	346 Herring Court # 21231.
11. BIRTHPLACE (State or lareign country) 12. CITIZEN OF	13. FATHER'S NAME
Italy WHAT COUNTRY?	Nicola Lombardi
dane during most of warking lile, even il refleed)	
Retired Machinist	Concetta Milio
(Yes, no or unknown) (If yes, give war or dobs all service) 17. SOCIAL SECURITY NO 215-10-907	Mrs. Marco S. Minnie Balto., 24, Md.
19.// CAUSE OF DEA	TH APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY Arterioscle	rotic cardiovascular disease
LEADING TO DEATH	
(This does not mean the mode of dying, e.g., heart failure, osthenia, etc. It means the disease, injury or camplication which coused deoth.)	AS A CONSEQUENCE OF:
ANTECEDENT CAUSES (8)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
Z UNDERLYING CONDITION LAST. (c)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	
DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	S DEDECORMED
	No
ONDERLYING OR CONTRIB.	in or obout 22C. WHERE DID (If in Baltimare City, give exact location)
DF INJURY (Month) (Day) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
(APPROX.) m. WHILE AT NOT WORK AT W	WHILE ORK
I certify that I held an Inquiry Inspection XX Au	tapsy and that on this basis, death in my opinion
resulted from: Natural causes Accident Suicid	e Hamicide Undetermined manner
ACTUAL (CARACTER)	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE CM.D. EXAMINER'S Charles S. Springate, M.D.	ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER
NAME (Type)	ASSOCIATE MEDICAL EXAMINER LJ May 18, 1972
24A. BURIAL CREMATION, REMOVAL (Specify) Burial 5-20-72 St. Stanisl	
25A. DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR	
MAY 19 1972 Pole & Jaben & A	Conkling St. Conkling St. Balto. 21224, Md.
VS 151-REV. 1/1/68	1) 3 7 . 0

THE STATE OF THE PARTY OF THE P 62 as 1 4 TARROWS (B) TO THE PERSON

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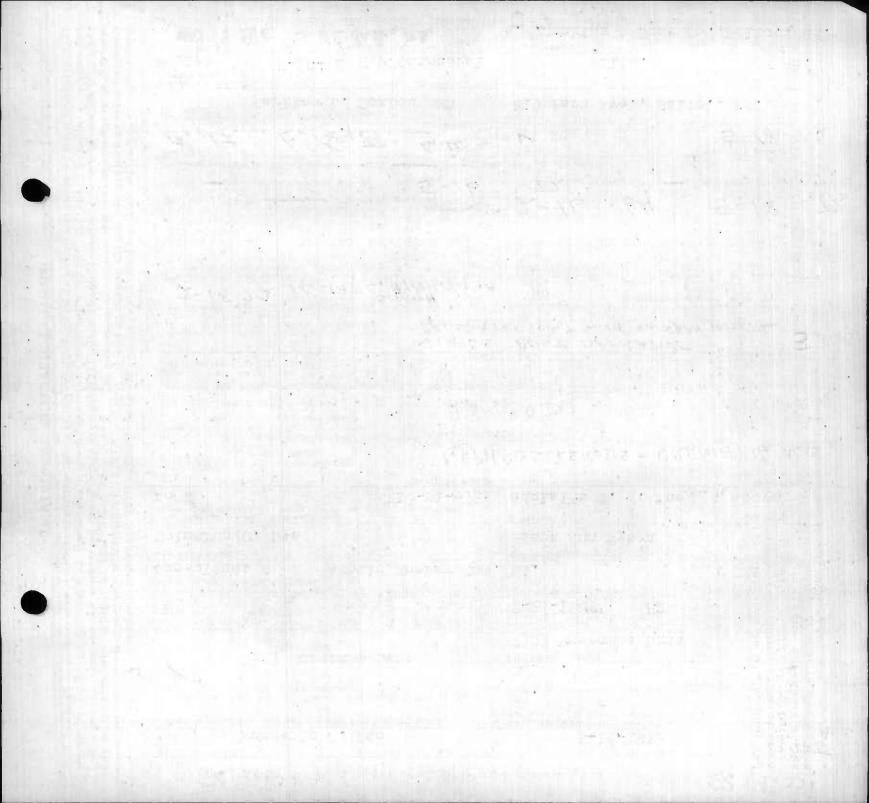
VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

DEG NO /C USI			~:6)	CA	12	In
KEO, 140.	REG. N	10	16	17.4	10	1

7007	BIRT	TH NO.			CERTIFICA	ATE OF D	EATH	K10.110		
and	1. NAME OF DECEASED						2. DATE AND HOUR OF DEATH			
o de c	(Type or Print) Frederic C. Lee					5-18-1972				7 A M.
+ 0 0 + + + + + + + + + + + + + + + + +	3. 1	PLACE IN BALTIM	ORE, MARYLAND, W	HERE PRONOL	JNCED DEAD	4. USUAL RESIL	B. COUNTY	asod lived, If inst	itution: residence	before odmission)
hospi use o ; (5) D dance	HO	LL NAME OF	(IF NOT IN HOSPITADDRESS OR LOCA	AL OR INSTITUTION)	JTION, GIVE STREET	Md CITY OR TOW		D. INSID	E CITY LIMITS?	65
on co		00	0000 5			Balto	•		YES X	NO
ng cau cau	2303 Ruscombe Lane E. STREET AND NUMBER									
ep dir						2303	Ruscombe	Lane		
- 20 D	5. s	EX 6.	RACE	7- MARRIED	NEVER MARRIED	B. DATE OF BIRT	rH 9. AGE	(In years	If Under 1 Yr.	If Under 24 Hrs.
ntrik rmin egul ased s ma		M	W	WIDOWED		9-24-	1.889	82	Months Doys	Hours Min.
000000000000000000000000000000000000000	10A	USUAL OCCUPA	TION (Give kind of work		BUSINESS OR INDUSTR			ntry)	12. CITIZEN OF	WHAT COUNTRY?
det det			ting life, even if retired)	1 to 2 med a	Was a sa sum Cla	wa.			USA	
Sit is		onsultar	10	A COMIT C	Energy Co	14. MOTHER'S	AAAIDEN NAAAF		USA	
rect (4) U (4) U the the			O T		2.6			. ~		
dire		olumbus	O. Fee				Ann Tyso)11		
P P P P	15. V	Wos Deceased Ev	er in U. S. Armed For- yes, give wor or doto	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT			ADDR	ESS
kir kir de de	N				218-01-553	5A Adela	ide T. W.	Lee	Abov	е
4 4 de		18.// //	71		CAUSE OF DEA	TH				OXIMATE INTERVAL
is a any any ndo		DISFASE	OR CONDITION DIS	RECTLY	Alm	110 -				N ONSET AND DEATH
Also re of noun atte			ADING TO DEATH		(A) IMMEDIATE CA	HIKOSCI	LEROSIS -	- UREM	11A 6	MOS,
			mean the made of		DUE TO, OR A	A CONSEQUENCE	OF:			
er.			henio, etc. It meons colian which caused		11.					
in i		AN	TECEDENT CAUSES		HA	SC.V.D	> ,		6	YRS,
exami exami 3) A fr who n reg		DISEASES OR	CONDITIONS, if	anv. aivina	(0)	S A CONSEQUENC				
		rise to the	abave cause (A)							
la l		UNDERLYING C	CONDITION last.		(c)					***************************************
medica nedica burns ohysici an was remai	ATION	TO THE DEATH E	II ANT CONDITIONS COI BUT NOT RELATED TO THE DITION GIVEN IN PAR	HE TERMINAL	PROSTI	S POST	T OPERA Y WITH U	477VE URINAKY	INFECTION	3 mos
y the chief ital by a m e; (2) Body there the p No physicia before the	ERTIFIC	19A. DATE OF 91	72 WAS PERI	DITION FOR S	WHICH OPERATION SETTICAL HYPERPLAS	A No		IF YES, WERE FI	NDINGS CONS SES OF DEATH	DERED
	CAL	OR CONTRIBUTION DEATH (notify mo	WAS UNDERLYING CAUSE OF edical examiner)] 21 B. hom etc.)	PLACE OF INJURY (e.g., o, form, foctory, street,	in or obout 21 C. W office bldg., INJURY	HERE DID (OCCUR?	(If In Boltimore	City, give oxoct	locotion)
d b sp tur tur tw 6)	LUJ	21 D. TIME (A	Aonth) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21 F. HC	OW DID INJURY OF	C CUR?		CYL LITE
ho h	2	(APPROX.)		Whi	Not Wh					
he he way		22. I cartify the	at (1) (this hospital			2-	16 1961	4	5-13	19.72.
PP 41			st saw the decease		1- 11		and that in (n			
b of of b								my/ (ser) spill	on death dec	bried on the date
dent deat deat must		23A. SIGNATURE	om the couses stat	ed above. (1) (We) (did) (did nat)	view the body o	tter death.		23B, DATE SIGN	IED
3 6 0		10 04	- / /	Soit.	- M.D. A	ending M	led. Shaff r	7		
		C Ext.	~ ~ ()	3926	OEGREE PH	ys. Di	irector Phys.		2-10	7-72
ate at at rior		23C. PHYSICIAN'S NAME (Type	0	т п.	The second	23D. ADDRESS	onle Area	Palta	Ma	
certificate misody was released. (1) An acci D.O.A. at a hased prior to			Carlton	n. 263	xton MD		Park Ave.	, Dallo	, Ha.	
	24A	REMOVAL (Spec	TION, 24B, DATE	24C. N	ME of CEMETERY OF C		24D. LOCATIO	ON (City	, town, or count	y) (Stote)
ws: (D.O.	F	Burial	5-20-	72 Net	w Cathedral		Balto			Md.
		. DATE REC'D BY			F REGISTRAR		AL DIRECTOR		AD	DRESS
This the show was dece		MAY 19	MIC Vales	E. Yal	as the same	H.W.Je	nkins &	Sons Co	.,Balto	., Md.

H.W.Jenkins



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72 04786

BALTIMORE CITY HEALTH DEPARTMENT

72 04786

	MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH.
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BIRTH NO.	O CERTIFICATE OF DEATH REG. NO.
1. NAME OF DECEASED , Gaetano	2. DATE Knawn Month Day Year Hnur
(Type or Print) THOMAS VINCI (Vincique re	DEATH Estimated M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day Year Haur
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD May 18, 1972 7:28 A.M. 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
5426 Clover Road	A. STATE Maryland B. COUNTY 27/7
6. SEX 7. RACE B. MARRIED NEVER MARRIED	
Male White WIDOWED DIVORCED	1.00
9. DATE OF BIRTH 10. AGE (in years If Under 1 Yr, Il Under 24 Manths; Days Hours 74 Manths; Days Hours	Hrs. E. STREET AND NUMBER 5426 Clover Road
11. BIRTHPLACE(State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
Messing, Sicily 14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDU	Matteo Vinciguerra
done during most of warking life, even il retired)	Anna LoPresti
Retired Builder 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 117. SOCIAL	IB. INFORMANT ADDRESS
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na arunknawn) (If yes, give wor or doles of service) 17. SOCIAL 212-30-985	
19 CAUSE OF	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Hypertens	sive and arteriosclerotic
	ATE CAUSE cardiovascular disease
heart lailure, asthenio, etc. It meons the disease, injury ar complication which coused death.)	, OR AS A CONSEQUENCE OF:
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING (B) DUE TO	, OR AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	, or as a consequence of:
Z (c)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION	N WAS PERFORMED 21. AUTOPSY? (Yes or No)
	No
Z2A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB- UTING ☐ CAUSE OF DEATH.	(e.g., in or obout 22C. WHERE DID (il in Baltimare City, give exoct location), office bldg., etc.) INJURY OCCUR?
22D. TIME (Manth) (Day) (Year) (Haur) 22E.INJURY OCCUR	RED 22F. HOW DID INJURY OCCUR?
(APPROX.) m. WHILE AI WORK	NOT WHILE AT WORK
23. I cortify that I hold on Inquiry Inspection X	Autopsy ond that on this basis, death in my opinion
	vicide Homicide Undotermined monner
Tessino nome notacy cosses to Action 5	CHIEF MEDICAL EXAMINER
ACTUAL CONTRACTOR OF STANFAR	ASSISTANT MEDICAL EXAMINER A
EXAMINER'S Charles S. Springate, M.I	_m.b,
NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMET	
REMOVAL (Specify)	
	Cemetery Baltimore, Maryland
	25C. FUNERAL DIRECTOR ADDRESS
MAY 19 1972 Poster E. Jashen 108	Joseph N. Zannino, 263 S. Conkling Street
VS 151-REV. 1/1/68	3 / 0 :

The trade is noticed.

VS 150-REV. 1/1/68

04787	BALTIMORE CITY HEALTH DEPARTMENT
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			_		
CERT	IFICA	\TF	OF	DEA	TH

	72	0	4	75	.7
NO.					

BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO.	
T. NAME OF DECEASED (Type or Print) GENTRY, JOHN	Δ	2. DATE AN	D HOUR OF DEATH	19.15 A
3. PLACE IN BALTIMORE, MARYLAND, WHERE P		14. USUAL RESIDENCE IWhe	re deceased lived. Il institu	ition: residence belong admission
FULL NAME OF (IF NOT IN HOSPITAL OR HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	INSTITUTION, GIVE STREET	MARYLAND C. CITY OR TOWN	BALTO 31	CITY LIMITS? #15
80. 11		BAUIMOR	7.9	S NO
Sina, Hospital	/	E. STREET AND NUMBER	rginia Ave	= #152716
MALL	RRIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH		Under 1 Yr. If Under 24 Hrs. onths Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KII done during most of working life, even if refired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or lore	gn country!	2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	W. 3. 11.
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of ser	vicei 16. SOCIAL SECURITY NO.	EVELUD GENT	~1-2110 11	ADDRESS A
18. 436171	CAUSE OF DEAT	H SENT	4 3110 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		P1/4.		Inla
(This does not meen the mode of dying, heart failure, osthenia, etc. It means the dis	e.g., DUE TO, OR AS	ISE CVA. A CONSEQUENCE OF: Elso al Vals curleys 1	100 Wast	3 11416.
injury or camplication which caused death.)	Cer	ebral Vasculers i	rociount.	
DISEASES OR CONDITIONS, if ony,	(8)	A CONSEQUENCE OF:	*******************	************************
rise to the above couse (A) stating	me	A GONSEGUENCE OF:		
ll ll	(c)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A). 194. DATE OF OPERATION 198. CONDITION WAS PERFORMED 214. ACCIDENT WAS UNDERLYING	***************************************	rated Anwene		
19A-DATE OF OPERATION 19& CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CAUSE	OINGS CONSIDERED S OF DEATH?
OR CONTRIBUTING TICALISE OF	218. PLACE OF INJURY (e.g., inhome, form, factory, street, of	n or ebout 21 C. WHERE DID INJURY OCCUR?	(II In Boltimore CI	ly, give exect location)
DEATH (notify medical examined) 21D.TIME (Month) (Doy) (Year) (Houd) (APPROX.)	21 E INJURY OCCURRED While At Not While At Work	21F. HOW DID INJ	URY OCCUR?	
22. I certify that (I) (this hospital) atten-	ded the deceased from M	ARCH 29-72	9 72 10 MAY	17 19:42
that (I) (we) lost sow the deceased alive	on 144 17		ot in (my) (our) opinior	deoth accurred on the dote
and hour and from the causes stated abo	ve. (I) (We) (did) (did nat) v	lew the body ofter death.		
C. Pairono, xl varn	DEGREE		Stoff Phys. 231	MAY 17
23C. PHYSICIAN'S CHALEMPHOLL THANANOPAVARA	MID	23D. ADDRESS SINAL	musp, of BA	HO-INL,
	C. NAME of CEMETERY OF CRE	MATORY 24D. Le	CATION (City, to	own, or county) (Stole)
Buria 5-22-72	ARBUTUS US	25C. FUNERAL DIRECTOR	Balto. 1	ADDRESS
25A. MAY 19 1972 " DEBLA E. 3	relian Ka ()	Kolson B. H	BREY	Thoun St.

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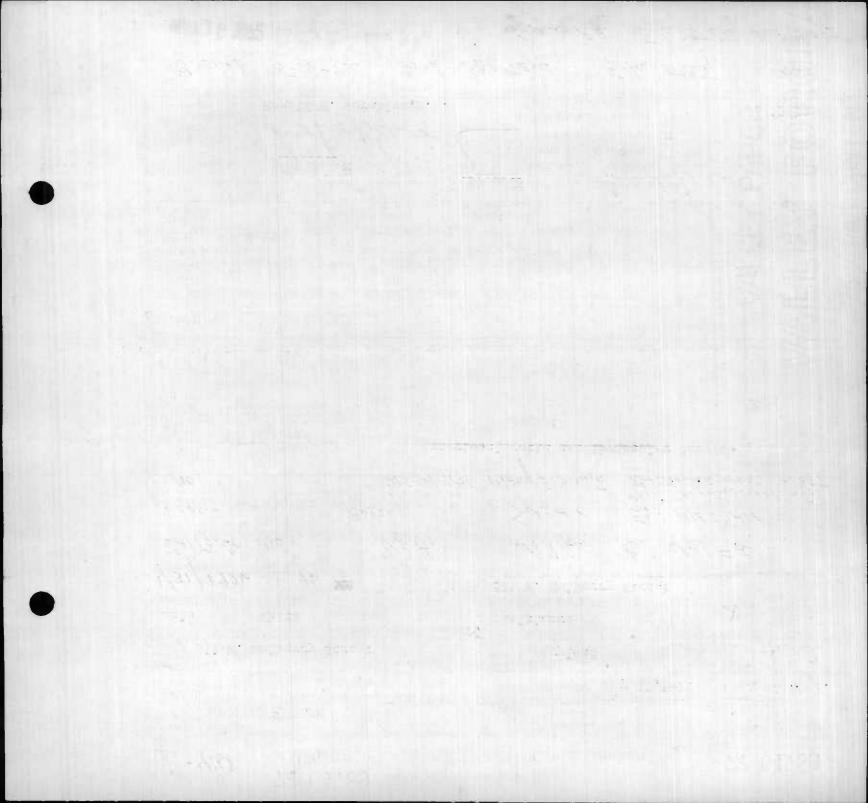
04788	BALTIMORE CITY HEALTH DEPARTM
, (), ()	

Ы	72 04788 BALTIMO	ORE CITY	HEALTH DEPARTMENT	72	2 04788							
		IFICA	TE OF DEATH	REG. NO	r 🐪							
11	I.NAME OF DECEASED AA		2. DATE AN	D HOUR OF DEATH	1							
11	Trype or Print Mr. Thomas Jone.	S		8 72	9.45 am							
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD		4. USUAL RESIDENCE (Where A. STATE B. COUN	e deceased lived. If :	institution: residence before admission)							
I	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STEAD ADDRESS OR LOCATION)	REET	Maryland		1606							
J	INSTITUTION			D. IN	SIDE CITY LIMITS?							
	Baltimore City Hospital, 4940 Eas	Ave	Baltimore E. STREET AND NUMBER		YES X NO							
	Baltimore, Maryland 21224		2711 Mosher Str	eet 212	16							
	5. SEX 6. RACE 7. MARRIED NEVER MARI	RIED		9. AGE IIn years	Il Under 1 Yr., If Under 24 Hrs. Months: Doys Hours Min.							
	WIDOWED DIVOR		8-16-10	61	Troubs 17th,							
	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR 19 done during mest of working fife, even if retired)	NDUSTRY	11. BIRTHPLACE Slote or fore	gn country)	12. CITIZEN OF WHAT COUNTRY							
	Construction		S.C.		U.S. A.							
	Allen Jones		14. MOTHER'S MAIDEN NAME									
		1		Ag	nes							
	5. Was Deceased Ever In U. S. Armed Forces? Yes, no or unknown) [11 yes, give wor ar dates of service) 1 6. SOCIAL SECURITY N	0,	17. INFORMANT HEEA	JONES	ADDRESS SAME							
	No		Records:BCH-4940	Eastern A	ve. 21224							
	18. CAUSE O	F DEATH	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH							
DISEASE OR CONDITION DIRECTLY												
	I time dues not meen in mode of dving, e.g.,	O, OR AS	SE COMONO MO	of CVV	19							
	hearl lailure, asthenia, etc. It means the disease, injury ar complication which caused death.)											
l	ANTECEDENT CAUSES	with	* Metasta	65								
	DISEASES OR CONDITIONS, it any, giving DUE TO	O, OR AS	A CONSEQUENCE OF:									
	UNDERLYING CONDITION last, (c) - ty per ten 85 m											
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A]. 19A-DATE OF OPERATION 19A-CONDITION FOR WHICH OPERATION WAS PERFORMED 19A-DATE OF OPERATION 19A-CONDITION WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING 121B. PLACE OF INJURY (e.g., in or obout 121C. WHERE DID 16 IN CHARLES OF DEATH?												
					FINDINGS CONSIDERED							
WAS PERFORMED YES IN CERTIFYING CAUSES OF DEATH?				AUSES OF DEATH?								
In the delivery of the state of												
	DEATH Inotify medical examined											
	DEATH Inotify medical examiner) Or Contributino Cause of home, form, factory, street, affice bidg., INJURY OCCUR? OF INJURY OF INJURY OF INJURY OCCUR? OF INJURY OF INJURY OCCUR?											
	Mork At Work											
22. I certify that (I) (this happital) attended the deceased from 5 3 1972 to 1977 that (I) (we) lost sow the deceased alive on 5 18 1972 and that in (my) (got) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.												
							Prakash G. Sane Attending Med. Director Shoff S					
25A. DATE (C') BY HEAVY DEPT.) A SEBUNANTE OF REGISTRANT 25C. FUNERAL DIRECTOR V. P. C. C. C. ADDRESS												
Î	MAI I DIC JOBER C. Janes K.	1	Kerson FOU!	1 BAIREY	ollows St.							
V	'S 150-REV. 1/1/6B											

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04789 BALTIMORE CITY MEDICAL EXAMINER'S			DEATH	┥ REG. NO	72	04785	1
OLFE	2. DATE OF DEATH	Knawn		Day	Year	Hour	_
	I O DATE						

6	, , ,		MIED	ICAL	EVAMIIIAEK 2	CKIILI	CAILO	DEAT	REG. NO		2 1 1 6.6	4
BIE	RTH NO.								KEG. 140.			
	NAME OF DEC					2. DATE	Knawn 🔲	Month	Day	Year	Hour	
(14)	pe ar Print)	DWARD A	WOLFE			OF DEATH	Estimoted [M
4.	PLACE IN BALT	IMORE, MAR	YLAND, W	HERE PR	ONOUNCED DEAD	3. DATE		Month	Day	Year	Hour	241.
	L NAME OF				ITUTION, GIVE STREET	PRONO	UNCED DEAD	May 12	1972		4:40	P.
HC	SPITAL INSTITUTION	ADDRES	S OR LOCAT	ION)		r Hellal f	ECIDENICE /wa			.1 . 1		M
	N 6	W. Mull	berry	Stree	t		Mary land	ere deceased li	B. COUNTY	residence	100	2
6.	SEX	7. RACE		8. MARRI	IED NEVER MARRIED	C. CITY OF	TOWN		D. INSIDE CIT	Y LIMITS?		
	Male	Wh:	ite	WIDOW		Balt	imore		YES	क्र	NO 🗆	
9.	DATE OF BIRTH		10. AGE (In		If Under 1 Yr. If Under 24 Hrs.	E. STREET	AND NUMBER			-		
	1/21/19	726	last birthday	302	Months, Doys, Hours, Min.	511 W	. Mulber:	ry Stre	et			
114	BIRTHPLACE (S	tate or foreign	cauntry)		12. CITIZEN OF	13. FATHER	'S NAME			-		
	13.10	0	,		WHAT COUNTRY?	111	11.3	0	111-11			
	UB/10.	vo, me	1.	40 1/10 10	V5.17,	W	11118m	1	W011	-	•	
don	e during most of w	ration (Give	n if retired)	46. KIND	OF BUSINESS OR INDUSTRY	13. MOIH	K 2 MAIDEN N	AME		,		
	LAbor			B	OKERY	5,	ISAN	E.	MEE	DAN		
16.	WAS DECEASE	D EVER IN U	S. ARMED	FORCES	2 17/ SOCIAL	IB. INFOR	MANT	5/11	- AD	DRESS	18. 51	
(Ye	s, na ar unknown)	(it yes, give w	ar ar dates	of service)	JECOKIII NO.	ma.	F C 7	7 7010	1 KINLE	Ocen	18 51	-7
-	19.	44 11			2/5 · 24 - 9/40 CAUSE OF DEA	11/13hy	E. Smill	174	MAGRE,	D) C	PROXIMATE INT	FRVAL
	4-1	2171			CAUSE OF DEA	/					EEN ONSET AN	
	DISEASE	OR CONDI	TION DIREC	CTLY	Arterios	clerot	ic cardi	ovascul	ar disea:	se		
	1	LEADING TO	DEATH		(A)IMMEDIATE C	AUSE						
	(This daes no	ot meon the r asthenia, etc.	node of dy	ng, e.g.,	DUE TO, OR A		UENCE OF:					
		plication which										
		NTECEDENT C			(B)	10 1 00 110						
	DISEASES C	R CONDITIO	NS, IF ANY	GIVING	DUE TO, OR	AS A CONSI	QUENCE OF:					
-		IG CONDITIO			(c)							
ĺδ					(0)							
CERTIFICATION	OTHER SIGN	IFICANT CON	DITIONS CO	NTRIBLIT	ING							
<u>이</u>	TO THE DEA	TH BUT NOT	RELATED TO	THE TERMI								
쁜		CONDITION						********				
黑	20A. DATE OF	OPERATION	208. CON	IDITION	FOR WHICH OPERATION WA	AS PERFOR	NED			21. AUTO	PSY? (Yes or	No)
	2									yes		
₹	22A. EXTER!	VAL CAUSE V	VAS		22B. PLACE OF INJURY (e.g.,	in or obaut	22C. WHERE DIE	(If in Baltima	re City, give exac	location)		
EDICAL	UNDERLYING				hame, farm, factory, street, affice	bldg., etc.)	NJURY OCCUR					
W	22D. TIME (Manth) (De) (Hour) 22E.INJURY OCCURRED		22F. HOWDID I	N HIPV OCC	1102			
-	OF INJURY	,, (0.	ay) (1601	, (11001		WHILE	Late HOW DID	MORI OCC	OK:			
	(APPROX.)					ORK						
	23.			_								
	l certi	ify that I he	ld an li	nquiry L	Inspection Au	tapsy X	and that on	this basis,	deoth in my o	plnion		
	result	ed from: No	rural cou	ses X	Accident Suicid	e H	omicide 🗌	Undetermi	ned monner			
			-	71 0	1/.1		CHIEF MEDICA	FXAMINER				
	ACTUAL	//	1.1.1	0 1/2	11/1/						DATE SIGN	ED
	SIGNATU	JRE /	M	[/]	1000 MID	. ASS	ISTANT MEDICA	LEXAMINER	X			
	EXAMINE				11 W.D	ASS	CIATE MEDICA	LEXAMINER		5	/13/72	
	NAME (T			. Ko	rnblum, M.D.					3	113/12	
	A. BURIAL CREA MOVAL (Specif		B. DATE		24C. NAME of CEMETERY	or CREMAT	ORY 241	. LOCATION	(City, town,	or county	(Stote	e)
1	B 10	2/	5-11-	-77	Carol SI	2 PhE.	· d	FIL.	TOT		Md.	
25	A. DATE REC'D	BY HEALTH D	EPT.	258 N	AME OF REGISTRAR		FUNERAL DIREC	TOR	TAP	DRESS		
23	DATE REC D		044	.3	Asse St. D.	200.	, STEELER DIREC			to and		
	MAY 1 9	177	JA BULLE	ete.	The state of the s	5/	acks F.1	1. 151	hiott li	6 /	nd 2/1	043
146	16 000 101 /40				1 4 4	5/	1 6 1			1	,	



BALTIMODE CITY HEALTH DEDADTMENT

	11-630		MED	ICAI		AMINER'S			OF	DEAT	H REG. NO.	12	04/90
1.	NAME OF DECE	ASED ESTE					2. DATE OF DEATH	Known Estimate		Month	Doy	Yeor	Hnur M.
FUI	PLACE IN BALT	(IF NO		LORINS		N, GIVE STREET	3. DATE	OUNCED DE	AD	Month May 1	7, 1972	Yeor	5:59 A.
OR	INSTITUTION		HOSPITA				5. USUAL A. STATE	RESIDENCE Maryla	•	deceosed li	ed. If Institution B. COUNTY	n: residence	before odmission)
6.	SEX	7. RACE		B. MARI	RIED 🗌	NEVER MARRIED	C. CITY C		-		D. INSIDE C	ITY LIMITS?	-
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9. [DATE OF BIRTH		10. AGE (In	yeors	If Und	er 1 Yr. If Under 24 Hrs.		AND NUM		- A		., .	140 23
11	2-25-1 BIRTHPLACE (SIG		an country)	30	12 (17	IZEN OF		W. Lafa	yeti	te Ave	nue		
	Glouces					AT COUNTRY?			Tui	rner			
14A	USUAL OCCUP	ATION (Gi	re kind of work	48. KINI	OF BL	ISINESS OR INDUSTR							
	n/a	Tring Inter					I	illie	Cla	aybor	ne		
16.	WAS DECEASES	EVER IN	U.S. ARMED	FORCE	\$? 1	7. SOCIAL SECURITY NO.	18. INFO	RMANT			A	DDRESS	
110	no	ii yes, give	wor or doles	DI SELVICE	"	SECORITI NO.	Will	iam E	. Po	owell	18	22 Ai	ken St.
	19.	10 125				CAUSE OF DEA	TH						PPROXIMATE INTERVAL
	9		NEI O LI DIOC			Fatty M	etamor	phosis	of 1	liver		BETT	WEEN ONSET AND DEATH
		EADING TO	DITION DIRECT	LILY				PHODEO					
	(This does not	meon the	mode of dy	ing, e.g.,		(A) IMMEDIATE O		QUENCE OF:					
	heart loilure, o	osthenio, etc dication whi	c. It meons the Ich coused dec	diseose,								3	
	DISEASES O RISE TO THE UNDERLYING	TECEDENT R CONDITI ABOVE CA	ONS, IF ANY	, GIVING		(B) DUE TO, OR	AS A CONS	EQUENCE OF	·:				
2	ON DEKEMIN	5 6011011	TOIT LASI.			(c)							
CERTIFICATION	OTHER SIGNI TO THE DEAT DISEASE OR C	TH BUT NO	T RELATED TO	THE TERM	MAL	***************************************							
RT						HICH OPERATION W	AS PERFOR	MED				21. AUTO	OPSY? (Yes or No)
ü	21												es
F	22A. EXTERN	AL CAUSE	WAS		228. PL	ACE OF INJURY(e.g.,	In or ohout	22C. WHERE	DID (Il In Boltimo	re City, alve ex	1	
EDIC	UNDERLYING [OR CON	ITRIB- ATH.		home, I	orm, foctory, street, ollic	e bldg., etc.)	INJURY OC	CUK?			aci 100011011)	
Σ	OF INJURY (APPROX.)	Month) (i	Doy) (Year) (Hou	WH		WHILE	22F. HOW D	INI DIC	URY OCC	JR?		
	23.				m. WO	OKK L. AI W	ORK L						
	i certii	fy that I h	reld on t	nquiry [-	Inspection Au	topsy X	and tha	t on th	is basis,	death in my	opinion	
	resulte	d from: h	latural cau	ses X	Acc	ident Suicid	le 🔲 1	domicide _] (Jnde termi	ned manner		
		1		11	1,1	///		CHIEF MED	ICAL E	XAMINER			DATE SIGNED
	SIGNATU	RE /	hero	1 /	1/1	MID	AS	SISTANT MED	ICAL E	XAMINER	X		DATE SIGNED
	EXAMINE NAME (Ty	R'S	Rona1d	N. K	ornb	lum, M.D.		OCIATE MED	ICAL E	XAMINER		5/	17/72
	A. BURIAL CREM MOVAL (Specify)	248. DATE	7.0	24C.	NAME of CEMETERY				GLOU	(Cliy, low	n, or county	
	Buria		5-20			Zion Hill			1				
25	A. DATE REC'D B	A HEALTH	DEPT.	258. N	NAME O	F REGISTRAR	- 1	FUNERAL D		DR B++	Baltin Funera	DDRESS]	Maryland
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This certificate must be appraved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Bady burns; (3) A fracture of any kind; (4) Undetermined cause: (5) Deceased	was D.O.A. at a hospital deceased prior to death) written appraval must be
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		V = 300		HEALTH DEPARTMENT	REG. NO. 72	0.4704				
	BIR	RTH NO.	RTIFICAT	TE OF DEATH	REG. NO.	U4/J1				
		NAME OF DECEASED Spe or Print) DASHIRLL JAMES)		D HOUR OF DEATH	5.30 A.M.				
	3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEA	D	4. USUAL RESIDENCE (Who	re deceased lived. Il institutio	on: residence before admission)				
	FU HC	JLL NAME OF OSMTAL OR INSTITUTION, GIVE STITUTION STITUTION		C. STY OR TOWN	D. INSIDE CI	1605 TY LIMITS?				
4	2	SINAL HOSOITAL OF BALTIMO	RIZ	DALTIMOR E. STREET AND NUMBER	YES YES	NO D				
9	5, 5	SEX		7411-W.h.	+tryette	tue < 1216				
is made		MIDOWED DIN	ORCED	4-026-UX	lost bightdoy) Mon	Inder 1 Yr. If Under 24 Him this Doys Hours Min.				
	don	N. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS of during most of working life, even if retired)	RINDUSTRY	</td <td>ign country)</td> <td>CITIZEN OF WHAT COUNTRY?</td>	ign country)	CITIZEN OF WHAT COUNTRY?				
1	13.	FATHER'S NAME		MAY PTOWN	VIE ,	4-2-4				
dispasition	1	homas Mc & lotten	(AlarA A	45 hiell					
0	15, 1 (Yes	Was Deceased Ever in U. S. Armed Ferces? 16. SOCIAL SECURIT	Y NO.	7/INFORMANT		ADDRESS ANE				
t i	_	18. CAUS	1-5236	TNNIE C.) A Shiell a	417-N. LA-TAYET				
0 0		DISEASE OR CONDITION DIRECTLY	E OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
E			MEDIATE CAUS	. , , , , ,	RRRSIRD					
pa		heart failure, asthenio, etc. It means the disease, injury ar camplication which caused deoth.)	JE TO, OR AS A	CONSEQUENCE OF:						
E 0		ANTECEDENT CAUSES		. 181						
are	DISEASES OR CONDITIONS, if any, giving nise to the abave cause (A) stating the UNDERLYING CONDITION last, (C)									
in in		17/								
remains	ATION	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).								
e the	ERTIFIC	19A-DATE OF OPERATION 19R CONDITION FOR WHICH OPER WAS PERFORMED POOR	ATION	20A. AUTOPSY? (Yes or No	208, IF YES, WERE FINDIN	GS CONSIDERED OF DEATH?				
betore	U		NJURY (e.g., in ory, street, offic	or about 21 C. WHERE DID	(If In Boltimore City,	give exact location)				
De	(ED)	21D. TIME IMonth) (Doy) (Yeor) (Hour) 21E. INJURY OC While At C		21F. HOW DID INJ	URY OCCUR?					
peuip	2	IAPPROX.) While At Work	Not While At Work							
Q D		22. I certify that (I) (this hospital) ottended the decease	from	5-10	9 72 10 5	- 17 19 72				
P	1 1	that (1) (we) lost sow the deceased alive on	5-14		ot in (my) (our) opinion d	leoth occurred on the date				
UST		ond haur and from the causes stoted obove. (I) (We) (did)	(did not) vie	w the body after death.						
3		Jahan Murchas	Attend	ling Med.		S-14-42				
appraval must		23C. PHYSICIAN'S NAME (Type)	DEGREE Phys.	D. ADDRESS	Phys. L.J	19 4 2				
pro	Ш	SAHASCHAI NUSIKABHUI	4nx	,	6					
	24A	PUNIAL CREMATION, 248. DATE 24C. NAME OF CEM	EPERY of CREM	ATORY 24D. 15	CATION / (City, town	n, or county) (Stote)				
101	1	Jurial 5-20-12 Habut	is Me	mtk. D	Altimore,	Mdy1				
written	75A	MAY 19 1972	000	25C. PUNERAL DIRECTOR	Dett EA	1701-LAUVENS				
J	VS 1	150-REV, 1/1/68			7011	70,000				

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Cause of Death

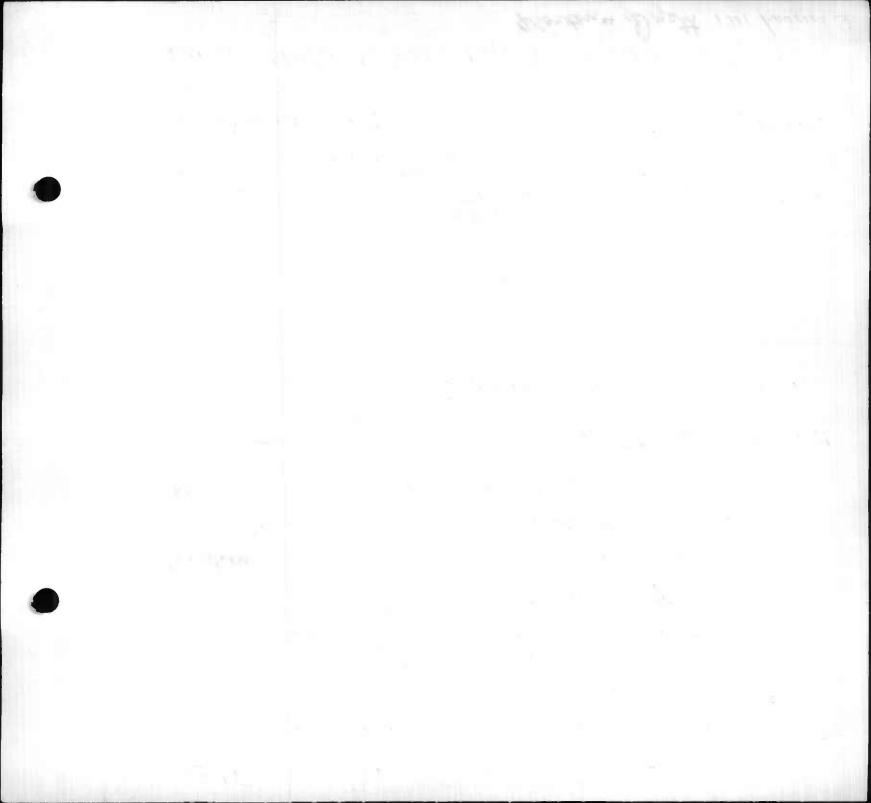
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autopay report from Sinai Hosp. Filed

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This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	W-325 72 0479	1-1	HEALTH DEPARTMENT	reg. No. 72	0.792
1,	NAME OF DECEASED			ID HOUR OF DEATH	
(1	ype or Pantl Eather, 111	allein			1 150
	PLACE IN BALTIMORE, MARYLAND, WHERE PR		4. USUAL RESIDENCE (WHO	to deceased lived. If institution	on: residence belore odmission
F H	ULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	/ 1	C. CITY OR TOWN	D. INSIDE CI	VIIMIES
1	Western Kill The	Carto	E. STREET AND NUMBER	YES	
	1400 Kafayette	ane	2843 W.	Lafayette a	Tre
5,		NEVER MARRIED DIVORCED	8. DATE OF BIRTH	9. AGE Un years II U	Inder 1 Yr. If Under 24 Hrs. ths Doys Hours Min.
10	A. USUAL OCCUPATION (Give kind of work 10 B. KIN ne during most of working life, even il retired)		11. BIRTHPLACE (Stote or lorei	gn country) 12.	CITIZEN OF WHAT COUNTRY?
	Scampless		Caroline Cou	de Virginia	u.la
13	FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
15. (Y	Wos Deceosed Ever in U. S. Armed Forces? es, no or unknown) (If yes, give wor or dotos of sorvi	1 6. SOCIAL	17. INFORMANT	ane Slaux	ADDRESS
	NO.	218-18-0962	Adminion	Lerul	
	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH	m. 1 1972			
	tThis does not mean the mode of dying, heart failure, asthenia, etc. It means the dise injury or complication which caused death.i	e.g., DUE TO, OR AS A	CONSEQUENCE OF:	a Accordent	may 11110
	ANTECEDENT CAUSES	- P1	1. 1 ASCUD		U
	DISEASES OR CONDITIONS, if any, gir	************************	TRASS		
	UNDERLYING CONDITION last.				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	NG IAL			
CERTIFICATION	19A DATE OF OPERATION 19B. CONDITION F.	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20 R. IP YES, WERE FINDIN IN CERTIFYING CAUSES O	G\$ CONSIDERED
CAL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Inofily modical examines	21 B. PLACE OF INJURY (e.g., in home, lorm, loctory, street, off etc.)	or obout 21 C. WHERE DID	(If In Boltimore City,	give exect location)
MEDI	21 D-TIME (Month) (Doy) (Yeon) (Hour) OF INJURY (APPROX.)	21 E. INJURY OCCURRED While At Work Not While Work	21F. HOW DID INJU	PRY OCCUR?	
	22. I certify that (IT (this hospital) attended	ed the deceased from 77	remined 20 1	20 to May 15	1972
	that AT (we) last saw the deceased alive and hour and fram the causes stated above		19	t in (my) (aur) boinian d	eath accurred on the date
	23A. SIGNATURE	(ne) (did) (did nat) vi	ew the bady after death.	23 B. D	ATE SIGNED
	ry 17, 1972				
	PETER H RHEINSTEIN	MD OEGREE	BOLTON HILL	DURONG C	KUTUR
24/	REMOVAL (Specify) 5/20/72	NAME OF CEMETERY OF CREA	MATORY 24D. 10	1/1 : /	or countyl (Stole)
25/	DATE REC'D BY HEALTH DEPT. 258 NAN	LE OF REGISTRAR	25C. FUNERAL DIRECTOR	MSYLVANIA C	ADDRESS
VS	MAI 13 13/2 000-07	1 60	prorton4	Dyott 17	101 haucens St.



24C. NAME of CEMETERY or CREMATORY

Greenmount

258. NAME OF REGISTRAR

24D. LOCATION (City, town, or county)

Balto. Md.

Leonard J. Ruck Inc. Ba lto. Md.

25C. FUNERAL DIRECTOR

(State)

24A. BURIAL CREMATION.

25A DATE REC'S BY HEALTH DEPT.

REMOVAL (Specify)

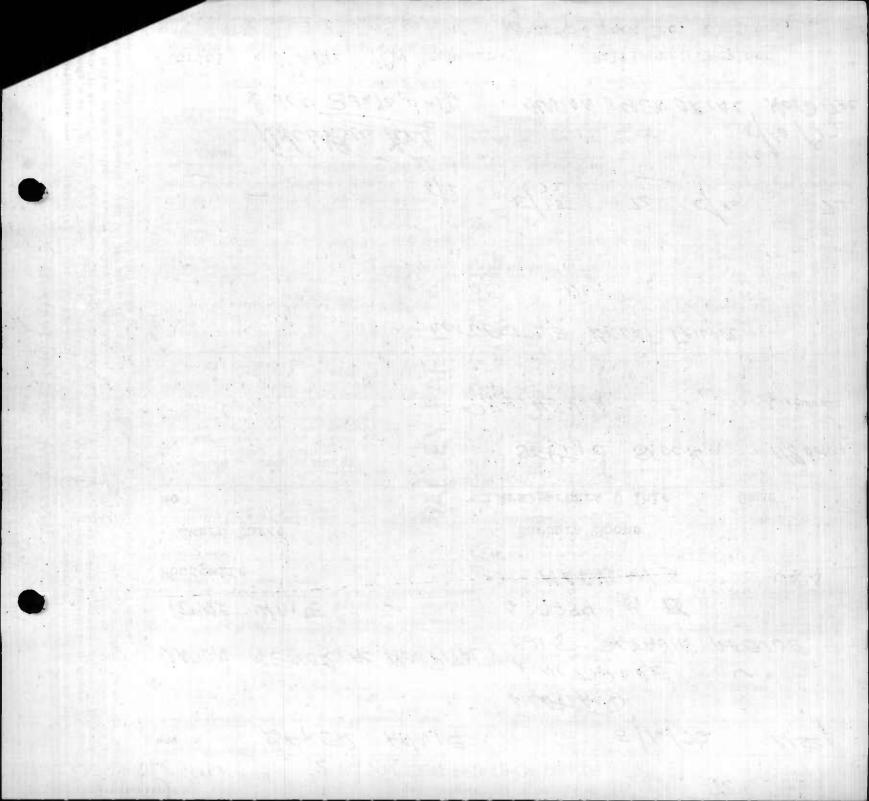
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24B. DATE

5/19/72

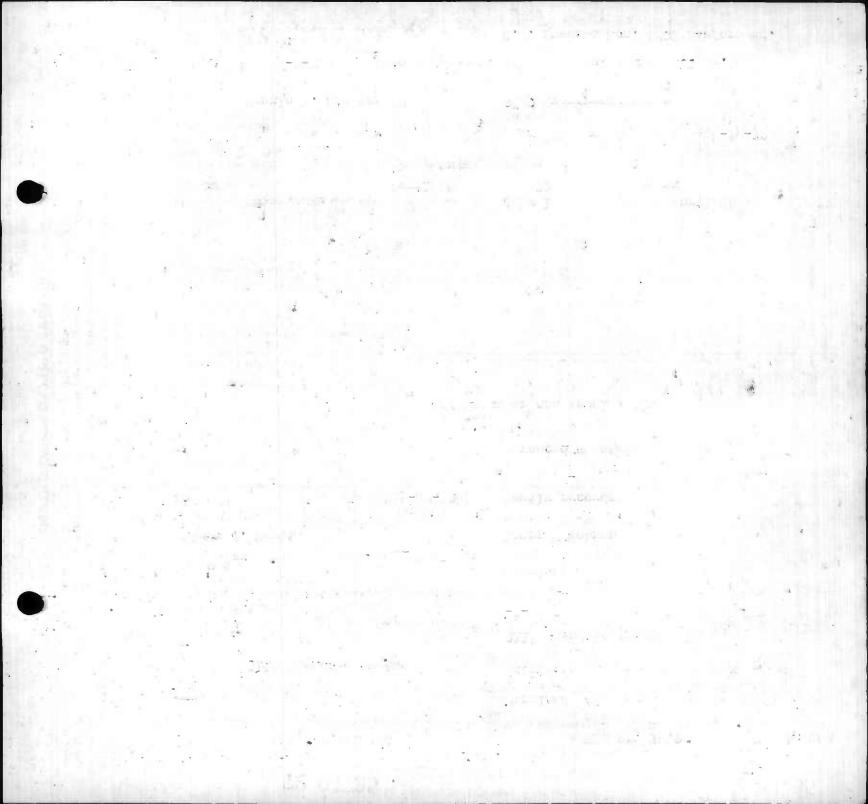
5/24/12 - Correction for from french director AGC. the .offer . The name of the state of the hand on the

BALTIMORE CIT	Y HEALTH DEPARTMENT 72 04794
BIKIH NO.	ATE OF DEATH REG. NO.
(Type or Print) BAKER, ANNIE	2. DATE AND HOUR OF DEATH 430 p. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION).	A. USUAL RESIDENCE (Where declosed lived. II institution: residence before oddission) A. STATE B. COUNTY MARYZAND C. CITY OR TOWN D. INSIDE CITY LIMITS?
UNION MEMORIAC HOSPITAL	A MITINA DE TIL
FOUNDE WATTE WINDOWED DIVORCED	B. DATE OF BIRTH 6-7-84 9, AGE (In yeors III Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTR done during most of working life, even if retired) HOUSEWIFE	11. BIRTHPLACE (Stole or loreign country) MARKLAND 12. CITIZEN OF WHAT COUNTRY? US A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Edward Burke	Barbara Boone
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
No	Mrs Barbara C Ihle Same
heart foilure, asthenia, etc. If means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the UNDERLYING CONDITION lost. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.	AUSE SEPTIC Shock. 48 hours A CONSEQUENCE OF: WEUKONIA S A CONSEQUENCE OF: 20A. AUTOPSY? (Yes or No) LOS OF DEATH? In or obout 21C. WHERE DID office bidg., INJURY OCCUR? WE Shock 48 hours A Weeks A CONSEQUENCE OF: (If In Boltimore City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED OF INJURY (APPROX.) While At Not White At Work	21F. HOW DID INJURY OCCUR?
	tending Med. Stoff
23C. PHYSICIAN'S NAME (Type) P. JECKE BUSTD, MD. 24A. BURIAL CREMATION, 124B. DATE 124C. NAME of CEMETERY of C	
Burial 5/19/72 Holy Redeeme	
DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Baltimore, Maryland 2SC. FUNERAL DIRECTOR ADDRESS
V19 1972 Reas & Ray 10	Leonard J Ruck Inc. Baltimore, Md



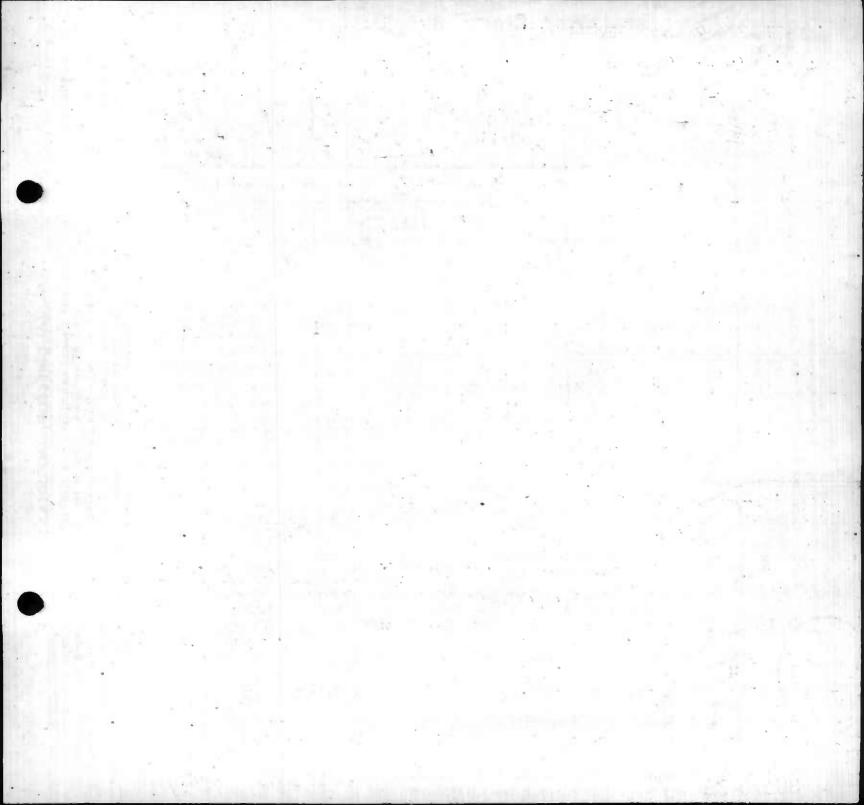
to approved by the chief medical examiner or his assistant if death occurred in a hospital and do to the hospital by a medical examiner. Also, if the direct or contributing cause of death tof any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased ital (except where the physician who pronounced death was in regular attendance on the ith); and (6) No physician was in regular attendance on the deceased prior to death. Such the obtained before the remains are embalmed or final disposition is made.
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a approved by the chief medical examiner or his assistant if death occurred in a hospital and I to the hospital by a medical examiner. Also, if the direct or contributing cause of death of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased all (except where the physician who pronounced death was in regular attendance on the th); and (6) No physician was in regular attendance on the deceased prior to death. Such be obtained before the remains are embalmed or final disposition is made.
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and he body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death hows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
cert bod) Vs: (D.O asse
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1	1 .11	n ====================================	1110	BALTIMORE CITY	HEALT	H DEPARTMENT		1~1) (1705	
4	1-462	2 72 0	i/J	CERTIFICA	TF C	DE DEATH	REG. NO	161.	4 795	
BIR	TH NO.	TEACED			-		D 110112 OF DEATH			
	pe or Print)	ALVINA C.	ULR	ICH		APRIL	28, 1972		4:00 A M.	
3.	PLACE IN BAL	TIMORE, MARYLAND, WHE	RE PRON	OUNCED DEAD	4. USL A, STA	TE B. COUN	e deceased lived. If	institution: residen	ce belare admission)	
FU	LL NAME OF	(IF NOT IN HOSPITAL	OR INST	TITUTION, GIVE STREET	Ma	ryland		1	735	
HO	LL NAME OF	ADDRESS OR LOCATI	(NC			OR TOWN	D. IN	SIDE CITY LIMITS	*	
		3118 Glenda	Te A	venue	Ba	ltimere		YES X	NO 🗌	
	00	Jazo data		701140	E. STR	EET AND NUMBER				
					31	18 Glendale	Avenue			
	Female	TiThe disk of	MARRIE	D NEVER MARRIED DIVORCED		-1903	9. AGE (In years last birthday) 68	If Under 1 Yr Months Days	If Under 24 Hrs. Hours Min.	
10A	USUAL OCC			OF BUSINESS OR INDUSTRY	II. BiR	HPLACE (State or forei	gn cauntry)	12. CITIZEN C	F WHAT COUNTRY?	
dan	At Hen	working life, even if retired)		i	Ma	ryland		USA		
13.	FATHER'S NA					THER'S MAIDEN NAM	A E	0021		
		n J. Hurtt				ura V Wohrn				
15.		Ever in U. S. Armed Farces	?	1 6. SOCIAL		DRMANT	*	ADD	PRESS	
(Ye	No No	(II yes, give war ar dates o	al service	215-10-5348		mily records	3	700	/KE33	
NO	(This does in heart foilure, injury or con DISEASES (rise to the UNDERLYING)	SE OR CONDITION DIRECT LEADING TO DEATH mol men the mode of distributions of the course of the cours	ving, e.e e diseos eolh.) y, givin oling lh	and Vas (B) DUE TO, OR AS (C)	A CONS	ulutus r and Renal		es COCA	- Court	
ATI	TO THE DEA	TH BUT NOT RELATED TO THE CONDITION GIVEN IN PART 1 F OPERATION 198. CONDI	TERMINA (A).		20A. AUTOPSY? (Yes or No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
CERTIFIC	0	WAS PERFO	RMED			No	IN CERTIFYING C.	AUSES OF DEAT	Н?	
CAL CE	OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF medical examined	h	1B. PLACE OF INJURY (e.g., i ome, larm, factory, street, a tc.)	or abo fice bldg	21C. WHERE DID	(If in Baltime	ore City, give exac	ct locotion)	
MEDIC	21 D. TIME	(Month) (Doy) (Year) (Haur 2	1E. INJURY OCCURRED		21F. HOW DID INJ	URY OCCUR?			
×	OF INJURY		V	While At Not While	• 🗖					
				Wark At Wark	•	1 1	. 77	17 00		
	22. I certify	that (I) (MIXSXIDEXIDEXIDEXIDEXIDEXIDEXIDEXIDEXIDEXIDE	ttended	the deceased fram	du		9 65 to Apr		19 72 .	
	that (1) (30)	Clast saw the deceased	allyp an	April 26		9 <u>72</u> and the	at In (my) (3000) ap	inlan death ac	curred on the date	
	and hayr on	d from the causes stated	abaje.	(I) (ACA) (PIP) (ACA) (I)	iew the	bady after death.				
	23A. SIONATI	THE ANIMAL	11/1/1.	1/20				23B, DATE SIG	ENED	
	1/1/1	70 PV 11/V (1)	vvu	Dhy	nding	Med. Director	Shaff Phys.	4-29-72	2	
	NAME (ANS		OF GREE	23 D. AD					
	MAME ()	Donald W. M	intze	er MD	30	09 Evergreen	Avenue			
24/	A. BURIAL CRE	MATION, 248, DATE		NAME of CEMETERY OF CR				City, town, or cou	inty) (Stote)	
	Burial	(Specily) 5-1-72	Pa	arkwood Cemeter	У	Balt	timore Co.,			
25/	MAY 1	BY HEALTH DEET. 25	B. NAMI	E OF REGISTRAR	25C	F. Evans &		A	DDRESS	
Ve	150-REV. 1/1/	9 1972 Robert	- Val	wer get of	۲.	O O	JOIL 9 000E 1	IN DIGITIES		
A 2	130-KE V. 1/1/	0.5		400	7 U	1 1 0				



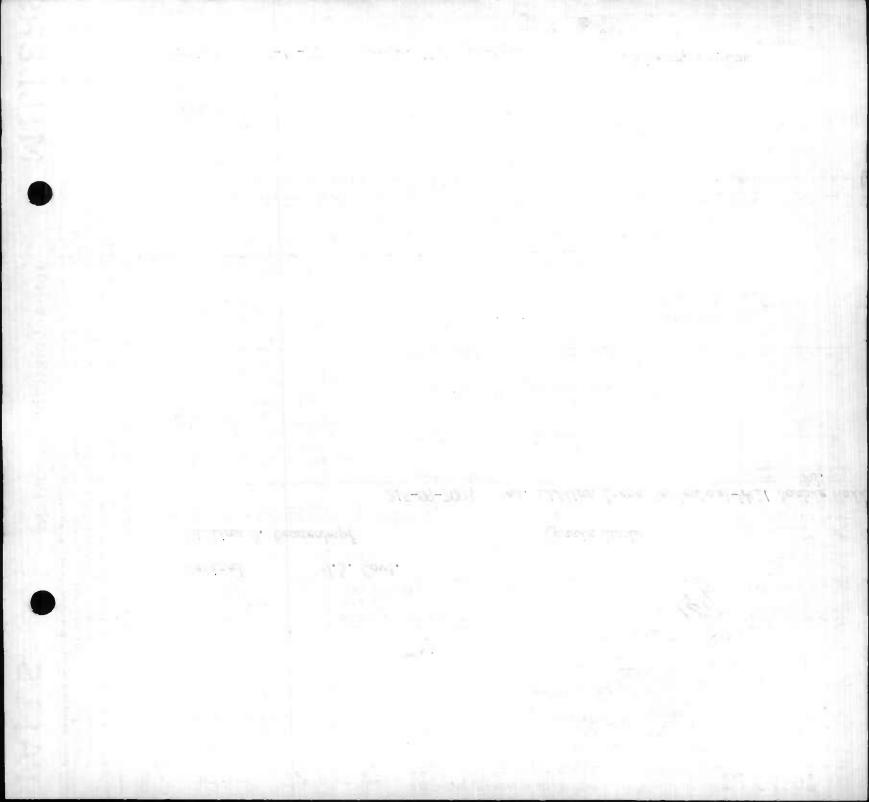
Such the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

	11			BALTIMORE CITY	HEALTH DEPARTMENT		72 04796
1	4-152	72 047	796	CERTIFICA	TE OF DEATH	REG. NO	14 04 196
	TH NO.			021(11110)			
	pe or Print)	(11 . 1 1	Jessie	Hopkins	5-17	and hour of death -72	10 P M.
3.	PLACE IN BALT	TIMORE, MARYLAND, W	HERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (W. A. STATE B. COL	here deceased lived. If UNTY	institution: residence before admission)
FU	LL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITU	TION, GIVE STREET	C. CITY OR TOWN	ID IN	ISIDE CITY LIMITS?
IN:	NOITUTIES				Balto.	D. 114	YES X NO
	211 11				E. STREET AND NUMBER	/	
- Cont	2211 Wea	iver La.	1- 2		2211 Weaver	9. AGE (In years	If Under 1 Yr If Under 24 Hrs.
	nale	white	WIDOWED	NEVER MARRIED DIVORCED	Sept. 15, 1900	lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
don	e during most of	JPATION (Give kind of work working life, even if retired) ransit (0	/1	BUSINESS OR INDUSTRY Transit (o	11. BIRTHPLACE (State or for	,	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAM	ME			14. MOTHER'S MAIDEN N	AME	
	Danial	Hopkins			Bessie	Towsen	2
5. Ye:	Was Deceased	Ever in U. S. Armed For	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	no			213 10 0140	Bessie I Gil	lespie2211	Weaver La. 21207
	18. / 8	XI		CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		E OR CONDITION DIE	RECTLY		P 3 1	Comp	
	(This does n	al mean the made of		(A) IMMEDIATE CAU	SE COUNTE OF:	malose	<u> </u>
		asthenia, etc. It meens			V 101	0	
	1	ANTECEDENT CAUSES		· Cal	c/ 1960	docr	
		R CONDITIONS, if		DUE TO, OR AS	A CONSEQUENCE OF:		
		abave cause (A) G CONDITION last.	stoling the	(c)	- blugs	comp	
		П		() , , , , , , , , , , , , , , , , , ,		0 (
0		ICANT CONDITIONS CO		P.	- Tel. 50	Taller	e.
CAT	DISEASE OR C	ONDITION GIVEN IN PAR OPERATION 198 CON	T 1 (A).	AUGU OBERATION	20A. AUTOPSY? (Yes or	New 200 Is were were	
ERTIFIC	A. DATE OF	WAS PERI		PAICH OPERATION	1 20%. Allitorstrictes of	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
CER		NT WAS UNDERLYING		PLACE OF INJURY (e.g., i	or obout 21 C. WHERE DID	(If in Soltim	are City, give exact location)
CAL		medical examiner	hometc.)	e, form, factory, street, of	fice bldg., INJURY OCCUR?		
EDIC	21 D. TIME	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21 F. HOW DID I	NJURY OCCUR?	
\$	(APPROX.)		Whil	e At Not While			
	22. I certify	that (1) (this haspital			7 In rel	19 72 to 1	10g 161972
				. 1) //	19 9 2/ ond	that In (my) (our) o	plnion doth occurred on the date
					lew the body ofter death		
	234 SIGNATU	RE 21	1//	Call			23B, DATE SIGNED
	Mi	91 (1)	COMPT	DEGREE Phys	Med. Director	Staff Phys.	5=18-12
	PHYSICIA	MYS ype)	- Al	5686	4508 L	CAC-16	edil Gu
244		MATION, 24B. DATE	24C, NA	ME of CEMETERY OF CRE	MATORY 24D.	LOCATION	City, town, or county) (Stote)
	REMOVAL (S	F 00 F	2 Lon	raine Park (111	alto., Co. Md.
25 A	DATE REC'D	BY HEALTH DEPT.	258. NAME O	F REGISTRAR	25C. FUNERAL DIRECT	OR	ADDRESS
-	MAY 191	1912 Valent E	Jaber -	MDO O	a 1. mstons	Gury 6411 W	lindsor Mill Rd.
VS	150-REV. 1/1/6	8	1 / 1	5.0	7 0 1	1	



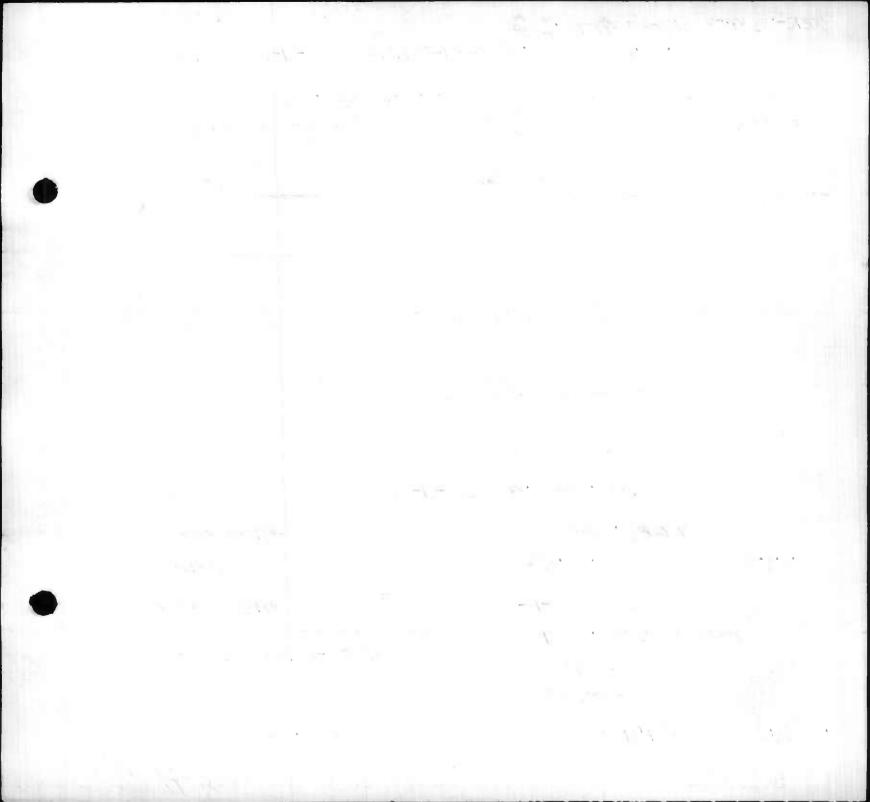
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are embalmed or final disposition is made.

6	2 ==0 ==0 0.45%	BALTIMORE CITY	Y HEALTH DEPARTMENT		72 04797
	5-352 72 0479	CERTIFICA	TE OF DEATH	REG. NO.	12 04/31
	NAME OF DECEASED	OEKTII TO			
	pe or Printl	-07-11-		HOUR OF DEATH	0
3	PLACE IN BALTIMORE, MARYLAND, WHERE PR	EADENKO		14 191	tion: residence before admission)
3.	TEACE IN BALLIMORE MARIEARD, WHERE PR	ONOUNCED DEAD	A. STATE B. COUNT	Y	tion: tesidence before admission)
FU	ILL NAME OF IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	MARYUMO		2757
IN	STITUTION		C. CITY OR TOWN	D. INSIDE	CITY LIMITS?
1	+4		E. STREET AND NUMBER	YE	S NO
	NION MEMORIAL	HOSPITTOL	1 9421 MARBI	EHALL R	d.
5,	SEX 6- RACE 7- MARI	NEVER MARRIED	8. DATE OF BIRTH 9.	AGE (In years II	Under 1 Yr. If Under 24 Hrs.
	M W WIDO	WED DIVORCED	107-05-1902	ast birthdoyl 69 M	onths Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 10 B. KIN	D OF BUSINESS OR INDUSTRY		n country)	2. CITIZEN OF WHAT COUNTRY?
don	during most of working life, even if refired) U.S.	Govt.	2001.		1/50
I	FATHER'S NAME	90124	MARU COM)	032
	William D. Beadenkopf		Carrie Da	-	
		_		VLS	
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yos, give war or dotes of serv	lce) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
		215-09-7003	Mrs. Lillian Ir	ene Beadenkon	1-4421 Marble Hal
	18. 4-2291	CAUSE OF DEAT			APPROXIMATE TO SEVAL
	DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A)IMMEDIATE CAL	USE CAPAORESPI	OMERII NO	REST
	(This does not mean the mode of dying,	C.C. DUITTO OD AC	A CONSEQUENCE OF:	4-410170 PK	K + 3
	heart failure, asthenia, etc. It means the dise Injury or camplication which caused death.)	ase,			
	ANTECEDENT CAUSES	150	FROM TELL	1.0010	
		(8)	EBRAC THRO	MDOSIZ	
	DISEASES OR CONDITIONS, if any, gi rise to the above cause (A) stating	the			
	UNDERLYING CONDITION last	(c) DRT	erio escuer	0843	
	11				
o N	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG GT INOS	edina ones		
A	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************	ains, price	MMOM9-	
CERTIFICATION	19A-DATE OF OPERATION 19B CONDITION F	OR WHICH OPERATION		208, IF YES, WERE FIND	INGS CONSIDERED
1	21A. ACCIDENT WAS UNDERLYING	218 PLACE OF INJURY (e.g., i	a at about 21C WHERE DID	/// t 9 let @	
4	OR CONTRIBUTING CAUSE OF	home, farm, factory, street, of	fice bldg. INJURY OCCUR?	(It In Boltimore Cit	y, give exoct location)
0	DEATH inofify modical examined	elc.)			
1 444	21 D. TIME IMonth) (Doy) (Year) (Hour) OF INJURY	21E INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
3	[APPROX.]	While At Work Not While At Work			
	22. I certify that (I) (this haspital) ottend			72 to 05	110 000
	that (1) (we) lost sow the deceased alive	- Prom (1 A	03		death occurred on the date
	and hour and fram the causes stated abov	e. (1) (We) (did) (did not) v	iew the body ofter deoth.		
	23A. SIGNATURE			23 B	DATE SIGNED
	Je V. L	DEGREE Phys	nding Med. SI	hoff by	NJ 12/21
	23 C. PHYSICIAN'S NAME IType)		23D. ADDRESS		0-1111
	CESAR WILLIAM	W INTERN	3319 3	and calue	at st
244	BURIAL CREMATION, 248, DATE 24	C. NAME of CEMETERY of CRE	MATORY 24D. LOC	CATION (City, to	wn, ar county) (State)
	REMOVAL ISpecily)			altimore, Mary	
254	Burial 5-18-72	Louden Pink Com	FUNERAL DIRECTOR	www.	
	MAY 1 9 1972 R. G. A. E. J.	an real	DONAL ST	C. Inc. 1	ADDRESS
Ve	150-REV. 1/1/68		ULTINES , ASSESSED	Const. Of	415 Belair H.
4.3	14V-NE TO 1/1/98				



	4-260 72 04798 BALTIMO	DRE CITY HE	ALTH DEPARTMENT	79	04798
BIRT	CERTI	FICATE	OF DEATH	REG. NO.	04700
	Pe at Print Anna W. Hoger		2. DATE AND	14, 1972	1 5:45 P.
3. P	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4.			lution: residence before admission
HO	LL NAME OF SPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	EET	Maryland CITY OR TOWN	D. INSIDE	CITY, LIMITS?
2	House in the Pines- Belair		Baltimore		ES NO
	House in the Fines- Delair	E. :	STREET AND NUMBER	shington St	reet
	emale White WIDOWED DIVOR	CED	3-31-93	OE (In years I	Il Under 1 Yr. If Under 24 Hrs Aonths Days Hours Min.
done	. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR IN e during most of working life, even if retired) Retired	IDUSTRY 11.	BIRTHPLACE (Stole or foreign of Balto. Md.	country)	U.S.A.
	FATHER'S NAME	14.	MOTHER'S MAIDEN NAME		и.э.л.
	Andrew Kestler		Anna M.	Schmidt	
5. V Yes,	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give war or doles of service) 1 6. SOCIAL SECURITY N	17. 1	NFORMANT		ADDRESS
	No 220-14-6		Mrs. Anna M. Dav	is	
	18. 4 / 2 CAUSE O		Too Trous 14 Day		APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY		ar	27 14	BETWEEN ONSET AND DEATH
		IATE CAUSE	Arterioschistic	Flore Day	1 34
- 1	heort failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)), OR AS A CO	NSEQUENCE OF:		
	ANTECEDENT CAUSES	0	· 1-		
	DISEASES OR CONDITIONS, if any, giving DUE TO	OR AS A C	ONSFOLIENCE OF	an .	************************
	tise to the above cause (A) stating the				
-	CONDITION last. (C)				
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	homombe	secure Pren	-T	
CERIFIC	19A DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	N 2	20A. AUTOPSY? (Yes or No.) 20	OR IF YES, WERE FINE	DINGS CONSIDERED
2 2	DEATH (notify medical examine) home, farm, factory, etc.)	RY (e.g., in or o street, olfice b	obout 21 C. WHERE DID	(If in Boltimore Ci	ity, give exect location)
2	21D.TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCUR (APPROX.) While At []	Not While	21F. HOW DID INJURY	O C C U II?	
1	22. I certify that (I) (state described) attended the deceased fro		/ / -	,	110/ 22
	that (I) (me) last saw the deceased alive an	T/141	The state of the s		3//7/ 19/2
- 1	and hour and from the causes stated abave. (1) (We) (did) (did			n (my) (our) opinio	n death occurred on the date
2	23A. SIGNATURE	not) view i	the body after death.	los	B, DATE SIGNED
	albut & Bradley	Attending Phys.	Med. Shaff		c/11/2.
2	23C. PHYSICIAN'S NAME (Type)	REE	Director Phys		3/16/12
	Albert B. Bradley, M.D.		4900 B	Belair Road	21206
4A.	BURIAL CREMATION, 248. DATE 24C, NAME of CEMETER	Y of CREMAT	ORY 24D. LOCA	TION (City, 1	awn, ar county) (State)
		4	Roll		
5A.	DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR		SC. FUNERAL DIRECTOR		ADDRESS
	MAY 1 9 1972 (Bos & E. Jabel M.D. ()	70	John To Miller	Inc-6415 Be	lair Rd21206
5 1	50-REV. 1/1/68				

institution: residence before admission) SIDE CITY LIMITS? YES (NO 🗌



OFFICE
M.E.
OF
KORNBLUM
DR.
BY
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NON
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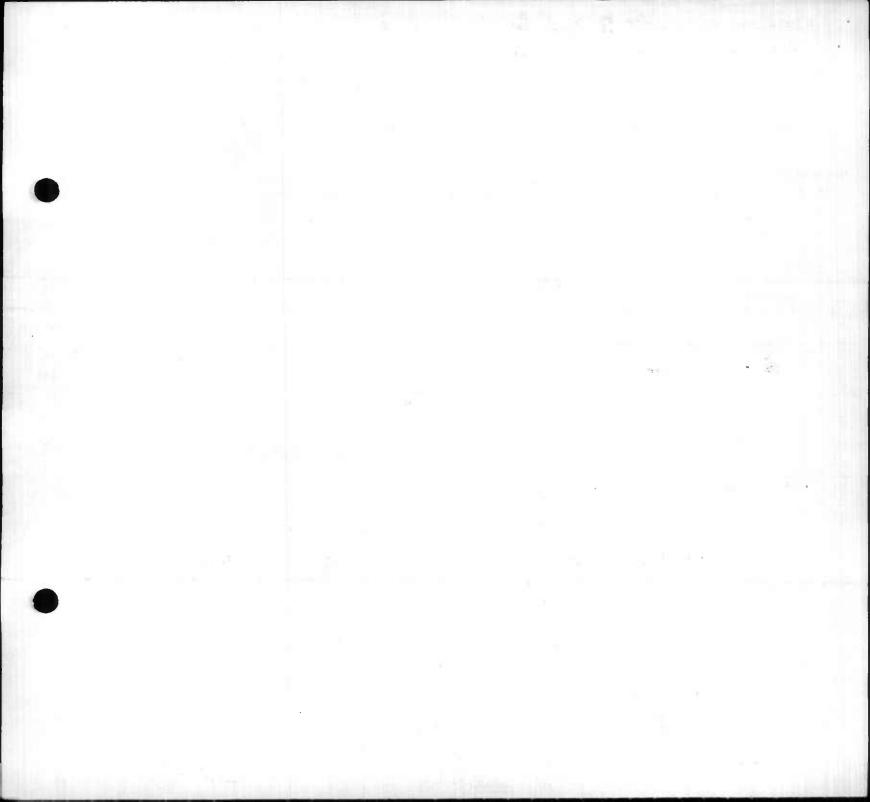
pins	-6/6) - 16	04799	BALTIMORE CITY	TE OF DEATH	REG. NO.	72 04799
1 M	H NO.	neaster, Pe	2,	CERTIFICA		HOUR OF DEATH	•
	e or Print		MES	MICHAEL	MAY	13 1972	18:10 Am
3. P	LACE IN BAL	TIMORE MARYLAND, W			A STATE B. COUNT	deceased lived. It insti	ution: residence before admission)
FUI	L NAME OF	OF NOT IN HOSPITA	AL OR INSTITU	TION, GIVE STREET	PENNSYLVAN	IA LANC	ASTER V 55
INS	SPITAL OR	ADDRESS OR LOCA	(NON)		C. CITY OR TOWN		CITY LIMITS?
	T 1-			0.5 -4.0 54	G A P	١	ES NO X
3	HE JO	HNS HOPKINS	HOSPI	TAL	RD 1 TRAIL	FR 21	
5. 5	EX	6. RACE	7- MARRIED	NEVER MARRIED			If Under 1 Ys. II Under 24 Hrs.
1	TALE	WHITE	WIDOWED		4-3-72	oet biringoyi	1 14
		UPATION (Give kind of work working life, even if reffred)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY
sone		t - None			Johns Hopkin	ns Hospital	USA
13. (FATHER'S NAM	ME			14 MOTHER'S MAIDEN NAM		
	JAMES	TROOP			BETTY ANN	BLEACHER	
15.1	Ves Deceased	Ever in U. S. Armed For	cos?	1 & SOCIAL	James M. Troo		ADDRESS
(163	, no or anknown;	in yes, give war or adie	S OI SELVICES	None	James M. Troo	ster County	Trailer ZI
	18.	5.81		CAUSE OF DEAT			APPROXIMATE INTERVAL
۱ă۱	OTHER SIGNIF TO THE DEAT DISEASE OR CO	OR CONDITIONS, If obove cause (A) GONDITION last. Ill FICANT CONDITIONS COINT BUT NOT RELATED TO THE CONDITION BUT NOT RELATED TO THE CONDITION GIVEN IN PAR	stating the MITRIBUTING HE TERMINAL T 1 (A).		wideun cothete,	- 0	0
	19A-DATE OF	OPERATION 19% CON WAS PERI	ORMED		NO NO	IN CERTIFYING CAUS	ES OF DEATH?
CERTIFIC	21A. ACCIDEN	TOPERATION 19% CON WAS PERION TWAS UNDERLYING CAUSE OF Medicol examined			NO n or about 21 C. WHERE DID ffice bidg. Churry OCCUR?		City, give exact location)
AEDICAL CERTIFIC	21A. ACCIDEN OR CONTRIBU DEATH (notify 21D. TIME OF INJURY	NT WAS UNDERLYING	218. home etc.) (Hous) 218.	PLACE OF INJURY (e.g., i b, farm, factory, street, of	n or about 21 C. WHERE DID ffice bidg. (NJURY OCCUR?	(II in Bolimore (
MEDICAL CERTIFIC	21A. A CCIDEN OR CONTRIBU DEATH (notify 21D. TIME OF INJURY (APPROX.)	NT WAS UNDERLY(NO DITING CAUSE OF medicol examined	218. home etc.) (Hour) 218. Whill Work	PLACE OF INJURY (e.g., in foctory, street of INJURY OCCURRED At Not While At Work	n or about 21 C. WHERE DID ffice bidg. (NJURY OCCUR?	(II in Bolimore (
MEDICAL CERTIFIC	21A. ACCIDEN OR CONTRIBU DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I cortify	NT WAS UNDERLY(NO UTING CAUSE OF medicol examined (Month) (Doy) (Year)	218, home etc.) (House 218, Whill Wost	PLACE OF INJURY (e.g., in foctory, street of INJURY OCCURRED At Not While At Work	n or about 21 C. WHERE DID ffice bidg. NJURY OCCUR?	(II in Bolimore (Tity, give exact location)
MEDICAL CERTIFIC	21A. ACCIDEN OR CONTRIBU DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (***)	NT WAS UNDERLYING CAUSE OF medicol examined (Month) (Doy) (Year) that (1) (the insertion of the complete of	(Hour) 218. Whill Work of attended the	INJURY OCCURRED At Work deceased from	n or about 21 C. WHERE DID RIVER OCCUR? 21 F. HOW DID INJU	(II in Bolimore (Tity, give exact location)
MEDICAL CERTIFIC	21A. ACCIDEN OR CONTRIBU DEATH (nowly 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (***) and hour and	INT WAS UNDERLYING CAUSE OF medicol examined (Month) (Doy) (Year) That (1) (the magnetic field of the decease of from the causes stated	(Hour) 218. Whill Work of attended the	INJURY OCCURRED At Work deceased from	n or about 21 C. WHERE DID ffice bidg. NJURY OCCUR?	(il in Bolilmore (Tity, give exact location? 19 7 2 andeath occurred on the da
MEDICAL CERTIFIC	21A. ACCIDEN OR CONTRIBU DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (***)	INT WAS UNDERLYING CAUSE OF medicol examined (Month) (Doy) (Year) That (1) (the magnetic field of the decease of from the causes stated	(Hour) 218. Whill Work of attended the	INJURY OCCURRED At Work deceased from	n er about 21C. WHERE DID RIVERY OCCUR? 21F. HOW DID INJU 19 7 2 and the riew the body after death.	(il in Bolilmore (Tity, give exact location)
MEDICAL CERTIFIC	21A. ACCIDENT OR CONTRIBUTED OF CONTRIBUTED OF INJURY (APPROX.) 22. I cortify that (I) (1) (1) and hour and 23A. SIGNATU	was Underlying Cause of medicol examined (Month) (Doy) (Year) that (I) (the inspiral) last saw the decease of from the causes start	(Hour) 218. Whill Work of attended the	PLACE OF INJURY (e.g., in form, foctory, street of INJURY OCCURRED At Not White At Work	n or about 21G. WHERE DID fice bidg. NJURY OCCUR? 21F. HOW DID INJU 19 7 and the riew the body after death. Inding Med. 5. Director D	(il in Bolilmore (Tity, give exact location?
MEDICAL CERTIFIC	21A. ACCIDEN OR CONTRIBU DEATH (nowly 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (***) and hour and	INT WAS UNDERLYING CAUSE OF medicol examined (Month) (Doy) (Year) That (I) (the magnetic field of the cause state of from th	(Hour) 21E. Whill Work attended the dalive on ted abave. (1)	INJURY OCCURRED At Work deceased from (did) (did) v OEGREE Phy	n or about 21G. WHERE DID ffice bidg. NJURY OCCUR? 21F. HOW DID INJU 19 7 and the riew the body after death. Inding Med. 5. Director 23D. ADDRESS	(II in Bolimore (Tity, give exact location) 1972 In death occurred on the date of
MEDICAL CENTRIC	21A. ACCIDEN OR CONTRIBU DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (APPROX.) 23A. SIGNATU 23A. SIGNATU	was Underlying Lause of medicol examined (Month) (Doy) (Year) that (I) (the large rate) I last saw the decease of from the causes state ANTS ANTS	(Hour) 21E. Whill Work of alive onted abave. (1)	INJURY OCCURRED At At Work deceased from (did) (did) ADD DEGREE	n er about 21C. WHERE DID Flice bidge (NUURY OCCUR? 21F. HOW DID INJU 19 7 2 and the riew the body after death. 23D. ADDRESS THE JOHNS HO	(II in Bolitmore () PRY OCCUR? To proper to point () PKINS HOSP	Tity, give exact location) 19 72 In death occurred on the date of the date o
MEDICAL CENTRIC	21A. ACCIDEN OR CONTRIBU DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (APPROX.) 23A. SIGNATU 23A. SIGNATU 23C. Physicia NAME (I)	was Underlying Lause of medicol examined (Month) (Doy) (Year) that (1) (the large red) that (1) (the large red) I last saw the decease of from the causes state of the large red) AN'S (ype)	(Hour) 21E, Whill Work of attended the dalive on ted abave. (1)	PLACE OF INJURY (e.g., in, form, foctory, etreet of INJURY OCCURRED At Work At Wor	n er about 21C. WHERE DID fice bidg. 21F. HOW DID INJU 19 7 2 and the riew the body after death. 23D. ADDRESS THE JOHNS HO EMATORY 24D. LC	(II in Bolilmore Court) Proceeding to the in (my) (and opinion opinion) Shoff Phys. 12 PKINS HOSP CATION (City.)	Tity, give exact location) 1972 10 1972 11 Cleath occurred on the dat 12 DATE SIGNED 5/13/72 1 TAL 1 town, or county) (Stotel
MEDICAL CENTIFIC	21A. ACCIDEN OR CONTRIBU DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (***) and hour and 23A. SIGNATU 23C. PHYSICIA NAME (T. T. G. BURIAL CRE REMOVAL (S. BURIAL CRE	was underlying Cause of medicol examined (Month) (Doy) (Year) that (I) (the integrated of the causes stated of the causes of the caus	(Hour) 21E. Whill Work on	INJURY OCCURRED At Not While At Work deceased from Why At Work deceased from At Work deceased f	n or about 21C. WHERE DID RICE bidg. INJURY OCCUR? 21F. HOW DID INJU 19 7 and the liew the body after death. 23D. ADDRESS THE JOHNS HO EMATORY 24D. LC unonite Mill	(II in Bolitmore () PRY OCCUR? To proper to point () PKINS HOSP	Ity, give exact location) 19 72 Indeath occurred on the date of
MEDICAL CENTIFIC	21A. ACCIDEN OR CONTRIBU DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (***) and hour and 23A. SIGNATU 23C. PHYSICIA NAME (T. T. G. BURIAL CRE REMOVAL (S. BURIAL CRE	was underlying Lause of medicol examined (Month) (Doy) (Year) that (I) (the large red) I last saw the decease of from the causes state of the lause of the lau	(Hour) 21E, Whill Work of attended the dalive on ted abave. (1)	INJURY OCCURRED At Not While At Work deceased from Why At Work deceased from At Work deceased f	n or about 21C. WHERE DID RICE bidg. NURY OCCUR? 21F. HOW DID INJU 19 7 and the lew the body after death. 23D. ADDRESS THE JOHNS HO EMATORY 24D. LC 125C. FUNERAL DIRECTOR	(II in Bolilmore Court) Proceeding to the in (my) (and opinion opinion) Shoff Phys. 12 PKINS HOSP CATION (City.)	Ity, give exact location? 19 72 10 death occurred on the date of

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

S-135 BALTIMORE C	TY HEALTH DEPARTMENT
BIRTH NO. 79 04900 CERTIFIC	ATE OF DEATH REG. NO. 12 19800
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
Thomas D. Spenden	5-16-72 11'5 AM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRODUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN Dorchester
Euniversity of Mangland Hospital	Can bridge D. INSIDE CITY LIMITS?
	E. STREET AND NUMBER
22 s, Greene st. Baltimore, Md.	RFD 3
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE In yours If Under 1 Yr. If Under 24 Hrs. Months; Days Hours; Min.
Thate White WIDOWED DIVORCED	1 6-15-84 87
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUST done during most of working life, even if retired)	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
farmer, self employed	Dorchester County, Md. USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Dexter Spedden	Annie Applegarth
15. Was Deceased Ever in U. S. Armod Forces? Yes, no or unknown If yes, give wer or dotes of service SECURITY NO.	17. INFORMANT ADDRESS
No 218-24-4365	Charles D. Spedden Cambridge Md.
18. CAUSE OF DEA	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
(This does not meen the mode of dying, e.g. (A) IMMEDIATE C.	AUSE ACUTE Stem Cell Leukemis 2 no.
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	S A CONSEQUENCE OF:
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, if any, giving (B)	AS A CONSEQUENCE OF:
LINDER VINC CONDITION I	
CONDITION (ask, (C)	***************************************
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	**************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION WAS PERFORMED 121A ACCIDENT WAS UNDERLYING TO 121B PLACE OF INJURY	20A-AUTOPSY7 (Yes of No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21& PLACE OF INJURY 10-00	100
TANK TO THE TIME THE PARTY OF T	in or obout 21 C. WHERE DID (If in Boltimore City, give exect location) office bidg., INJURY OCCUR?
21D-TIME (Month) (Day) IYear (Hour 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) While At Work At Work	
22. I certify that (I) (this hospital) attended the deceased fram	// 2/2 /22
that (1) (we) last sow the deceased alive an 5-16	19 72 and that in(my) (our) apinian death occurred an the date
and hour and from the causes stated above. (1) (We) (did) (did nat)	
23A. SIGNATURE	23B, DATE SIGNED
DEGREE Ph	tending Med. Staff 5-16-72
23C-PHYSICIAN'S NAME (Type)	23D. ADDRESS
Herbert L. MUNCIE, VR MD	university of Margane Hospital
REMOVAL ISpacifyl 248. DATE 24C. NAME of CEMETERY of C	REMATORY 24D. LOCATION (City, town, or county) (Stote)
Burial 5/18/72 Cambridge Cem	etery Cambridge Dorchester Md.
25A. DATE REC'D BY HEATH DATO, A DER HAMESOF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS ADDRESS

340 Campriage Ma. Tiguneso (Indirecti-VS 150-REV. 1/1/68



and (4) Undetermined cause; (5) Deceased Such death 00 a hospital death. of attendance COUSE 0 = prior contributing occurred made regular deceased 2 death isposition _= the direct or Was the assistant death 0 kind; final attendance any prononced 10 embalmed fracture of chief medical examiner examiner. regular who (3) A are physician be obtained before the remains Was medical An accident of any nature; (2) Body burns; (6) No physician the O where to the hospital approved by (except pub death); hospital the body was released shows: (1) An accident must

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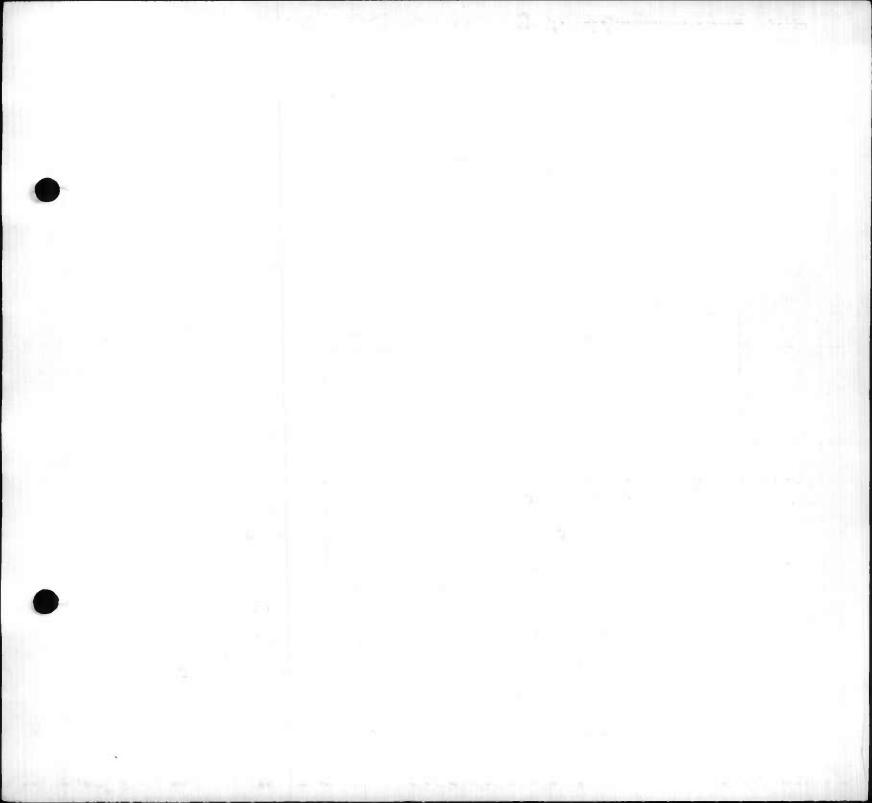
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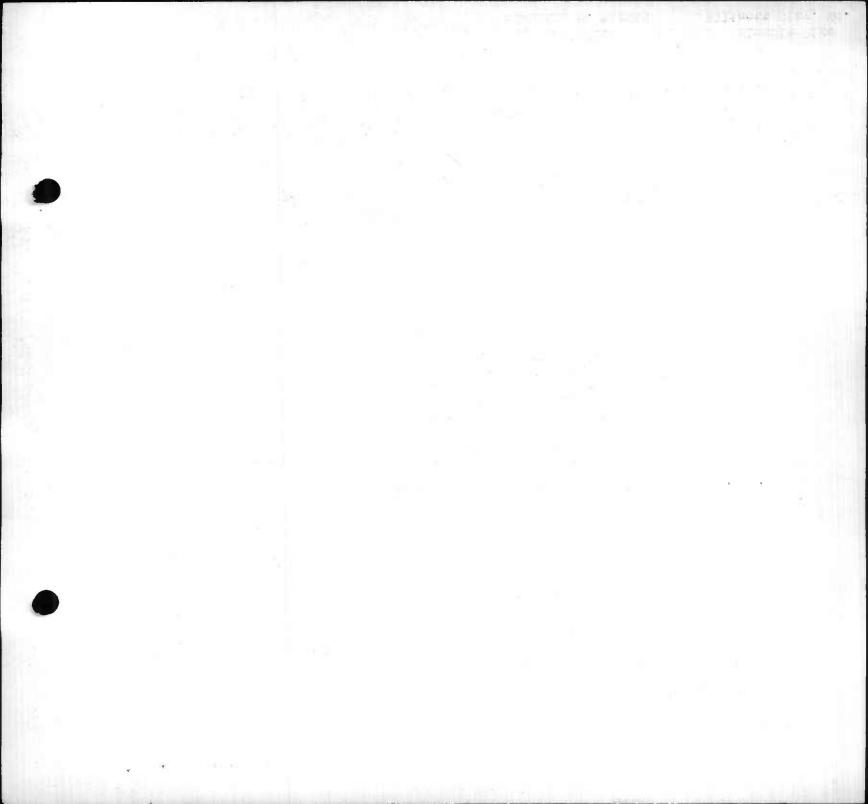
D.O.A.

Was

approval

BALTIMORE CITY HEALTH DEPARTMENT 72 04801 72 04801 CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) May 18, 1972 5;40 Mrs. Marie L. Scharper p. 4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)
INSTITUTION Memorial Hospital Md. (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? Baltimore. YESK NO 1000 Caton Avenue E. STREET AND NUMBER Baltimore, Maryland 21229 2309 Poplar Drive 21207 5. SEX 6. RACE 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED If Under 1 Yr. Monthe! Doys If Under 24 Hrs. FEMALE WHITE last birthdoy House WIDOWED 3/17/1879 DIVORCED 93 IDA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Housewife Clarksville Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Samuel Griffin Aletha Jenkins 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT 1 6. SOCIAL ADDRESS (Yes, no or unknown) (It yee, give wor or dotes of service) Unknown 21229 Jenkins Memorial Hospital 1000 Caton Ave. Balt APPROXIMATE INTERVAL CAUSE OF DEATH BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY (AYIMMEDIATE CAUSE LEADING TO DEATH (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) UNDERLYING CONDITION last 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING NEU MONIA TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, larm, loctory, sheet, office bldg., INJURY OCCUR? (II in Boltimore City, give exoct location) OR CONTR DEATH (not DE DEATH (notify medical examined (Month) (Doy) (Year) (Hour) 21 E INJURY OCCURRED 21F. HOW DID INJURY OCCUR Not While While At [(APPROX) Work At Work 22. I certify that (1) (this hospital) attended the deceased from that (1) (we) last sow the deceased alive on. and that in(my) (an) opinion death occurred on the date and hour and from the causes stated above. (!) (We) (did) (did not) view the body after death, 23A. SIGNATURE 23 B. DATE SIGNED Attending | Med. Phys. Director L 23C. PHYS/CIAN'S NAME (Typel 23D. ADDRESS 11.0. 24A. BURIAL CREMATION, REMOVAL (Specify) 24C. NAME OF CEMETERY OF CREMATORY 5/22/72 Burial Baltimore 25A, DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR 25C, FUNERAL DIRECTOR ADDRESS Westzke. 0630 Edmondson Avenue 21228 VS 150-REV. 1/1/68





the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

C nnn 79 0100	BALTIMORE CIT	Y HEALTH DEPARTMENT		20 04000
5-222 72 0480 BIRTH NO. B 422	CERTIFICA	TE OF DEATH	REG. NO.	72 04803
1. NAME OF DECEASED	ZEZESZEK	2. DATE AN	ID HOUR OF DEATH	(250
EUM 3	CEXI (BLAS	ZCEK)	5-16-72	1380 hesm.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PE	ONOUNCED DEAD	A. STATE MARYLA	deceased lived. If institu	tion: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)	ISTITUTION. GIVE STREET		ND	104
INSTITUTION		BLAT MORE		CITY LIMITS?
JOHNS HOPKINS HOSPIT	AL	E. STREET AND NUMBER	YE	s по 🗆
33		1003 50078	BELLIORD /	AVE.
5. SEX 6. RACE 7. MARI	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years If M	Under 1 Yr. If Under 24 Hrs.
FEMALE WHITE WIDOW		01 /03/04	65 6X	
10A. USUAL OCCUPATION (Give kind of work 10B. KINI done during most of working life, even if refired)		11. BIRTHPLACE (State at force	gn country)	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	ATH. SHOTER	MARYLA	ND	U.S.A.
	-1	14 MOTHER'S MAIDEN NAM	AE	
MARTIN SZCZESZ		MARY-	DUSZYN	SKA
15. Was Deceased Ever in U. S. Armed Farces? (Yes,na or unknown) Ill yes, give war or dotes of servi		····		ADDRESS S.
130	214 03 242	5 MRS MARY	KOWAL SK	1 1003 BEINER
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEAT	Н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A)IMMEDIATE CAL	ISE MYDCHROIN	- INFANCT	ion 15 has
(This does not mean the mode of dying, heart failure, asthenia, etc., it means the dise	PLES OF AC	A CONSEQUENCE OF:	LIOTARCO	
injury or complication which caused death.)	14 14 14 14 14			
ANTECEDENT CAUSES	(8)	Alleroscles	10513	20 yrs
DISEASES OR CONDITIONS, if any, girds to the above cause (A) stating	ring DUE 10, OR AS	A CONSEQUENCE OF:		
UNDERLYING CONDITION last.	(c)			***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG.			
TO THE DEATH BUT NOT RELATED TO THE TERMIN	IAL			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 194. DATE OF OPERATION 198. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes at No)	208 IF YES, WERE FIND IN CERTIFYING CAUSES	INGS CONSIDERED
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	21B PLACE OF INJURY (e.g., I home, farm, factory, street, al etc.)	n or obout 21C. WHERE DID fice bidg. INJURY OCCUR?	(If in Baltimare Cit	y, give exact location)
OF INJURY (Manth) (Day) (Year) (Haud)	21E INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
(APPROX.)	While At Not While Wark At Wark	· 🗆		
22. I certify that (1) (this hospital) attende		5-16- 1	9 7 z 1a	5-16-1972
tho (1) (we) last sow the deceased alive				deoth occurred on the date
and hour and from the causes stated above	. (1) (We) (did) (did not) v	lew the body after death.		
23A. SIGNATURE	1 4,0		238	DATE SIGNED
New 15 WI	DEGREE Phys	Director L	Shalf Phys 🗵	5-16-72
PAME (Type) NGIL R W	liller, MD	John Ho	PKINS HOSE	o) FR)
24A. BURIAL CREMATION, 24B. DATE 240	NAME OF CEMETERY OF CRE			wn, or county) (State)
DURIAL 3/19/72	T. STANIS	LAUS (EM K	BALTIMOR	E MD.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAM		25C. FUNERAL DIRECTOR	1 1000	NUSKI ELET ST
MAY 22 1972 166 E. VS 150-REV. 1/1/68	400 ()	01/3/MONDO	K. KACZORO	NUSKI FLET ST.
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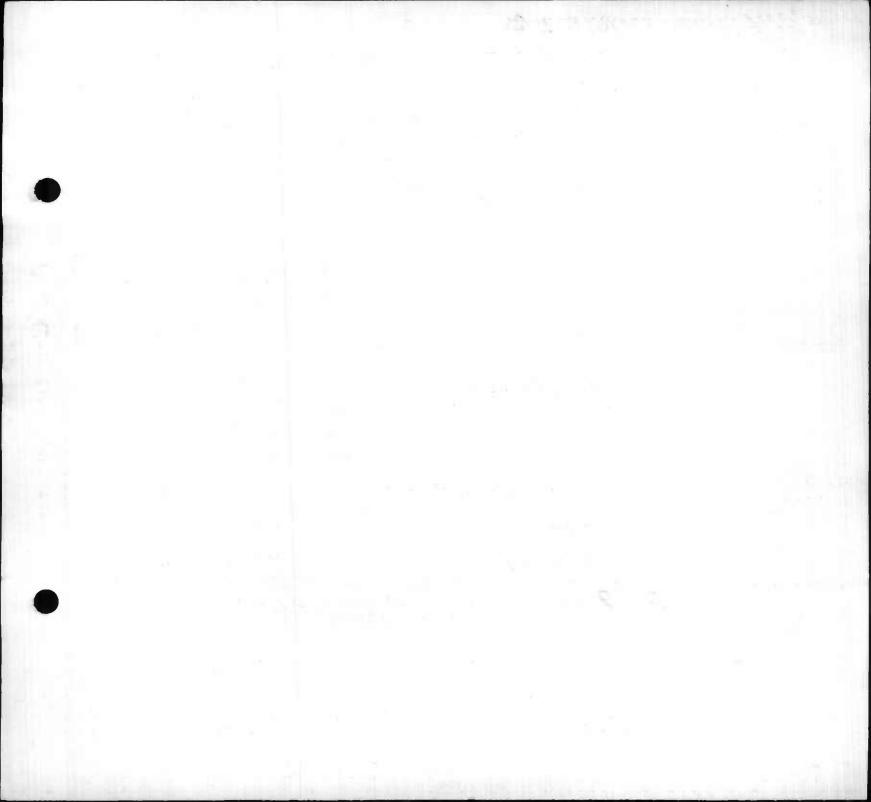
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BALTI	MORE	CITY	HEALTH	DEPART	MENT
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G.	NO.	15	<u> 04004</u>	

(1)-220 PO CASON BALTIMOR	RE CITY HEALTH DEPARTMENT	n n 1 = m 10
/ UGOUG CERTIF	FICATE OF DEATH REG. NO.	2 04804
INAME OF DECEASED	2. DATE AND HOUR OF DEATH	
Typo or Print) LUCY ///TEX	MAY 12 DEATH	21
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, It institution	M. residence before admission
	A. STATE B. COUNTY	1011
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREE HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)		104
2139 CAMBRIDGE	ST BALTIMORE D. INSIDE CITY	-/ -
aroj camentee	E. STREET AND NUMBER	3 NOT
00	2139 CAMBRIDG	E ST.
FEMALE WHITE WIDOWED DIVORCE	Month	der 1 Yr. It Under 24 Hrs.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INC		ITIZEN OF WHAT COUNTRY?
done during most of working life, even if refired)	0	
HOME MAKER	14. MOTHER'S MAIDEN NAME	
LENKNOWN		
	UNKNOWN	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no of unknown) (If yes, give wor of dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT 58669 MRS, GENEVIEVE WISNIE	ADDRESS 2139
18. // / 2 //1 CAUSE OF		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	1 1/2 -61	BETWEEN ONSET AND DEATH
LEADING TO DEATH	AFRICANOY HOTAL Malling	
	OR AS A CONSEQUENCE OF	***************************************
injury or complication which coused death.)	11511	701
ANTECEDENT CAUSES	4 HS(1)()	WT
DISEASES OR CONDITIONS, if any, giving DUE 10,	OR AS A CONSEQUENCE OF:	
rise to the obove cause (A) stoting the UNDERLYING CONDITION lost.		
UNDERLING CONDITION lost. (C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		**********************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 121A-ACCIDENT WAS UNDERLYING 121B PLACE OF INJURE	20A. AUTOPSY? IYes or No. 20B. IF YES, WERE FINDING IN CERTIFYING CAUSES O	S CONSIDERED F DEATH?
OR CONTRIBUTION OF	Y le.g., in or about 21 C. WHERE DID (If In Boltimore City, g	Ive exect location)
OR CONTRIBUTING CAUSE OF home, form, foctory, sli	heet, office bldg., INJURY OCCUR?	
21D. TIME IMonth) IDoy) IYeort (Hour) 21E INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?	
(APPROV) While At No	of While	
	T WORK	
22. Leastify that (1) (this hospital) attended the deceased from	19 10 5 -/	19 / 7
that (I) (we) last saw the deceased alive an	and that (n(my) (aur) apinian de	oth accurred an the date
and hour and fram the causes stated obace. (1) (We) (did) (did	not) view the bady after deoth.	
23A. SIGNATURE	1	ATE SIGNED
Mevare Norther	Attending Med. Staff Director Phys.	15-17
23C. PHYSICIAN'S NAME Uypel	23D/ADDRESS / +	
I hon I WITH	479 \ (ke, lle II 2	1231
24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY	OF CREMATORY 24D. LOCATION (City, town,	or county! (State)
BURIAL 5/16/1972 HOLY ROSAR		min
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C-FUNERAL DIRECTOR	ADDRESS
MAY 22 1977 Robert & Jaile 1 ME 0	2 O Karmona Lakaczorowsk	1 2525
VS 150-REV. 1/1/68	THEY THEN THE MAN CZOROWS N.	FLEET STREE



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

	1-211	/		CC 1998	BALTIMORE CITY	HEALTH DEPAR	TMENT			72 0481)5
В	RTH NO.	70	2 048	505	CERTIFICA	TE OF DE	ATH	REG.	NO		
	NAME OF DECE	ASED					2. DATE	AND HOUR OF	DEATH		
	J	cron	1E	E. Fit	zpatrick		17	Muy 7	2	1.50	0
3.	PLACE IN BALTI	MORE, MA	RYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESID	B. COL	here deceased liv	ved. Il insti	itution: residence belo	re odmission)
H	ULL NAME OF OSPITAL OR ISTITUTION	ADDRE	S OR LOCA	AL OR INSTITU	UTION, GIVE STREET	C. CITY OR NOW!	nd	Bxxx	D. INSIDE	E CITY LIMITS?	03
1	8	. 1			4.1		more		1	YES X NO	
	Univers		Hospir	d Be	thin mb	E. STREET AND	Wind in the state of the state	Ikens	AUL		
	m	. RACE	anc	WIDOWED		3. DATE OF BIRTH	16	9. AGE (In yellost birthdoy)	ors	II Under 1 Yr. If U Months Doys Hour	Inder 24 Hrs. Min.
do	A USUAL OCCUP ne during most of wo	ATION (Giv	e kind of work en if retired)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)		12. CITIZEN OF WHA	T COUNTRY?
11 .	State Pol:		,	State		Mar	yland			II C A	
13.	FATHER'S NAME		01	1	1	14. MOTHER'S M				U.S.A.	
	Albud	1.	titz	putric	k	Anna	de la	XXXXXXX	XXX	MARTYNN	
15. (Ye	Wos Deceased E- s, no or unknown) (I	ver in U. S If yes, give	Armed Forwor or dote	es? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	- 202		<u>aa</u>	ADDRESS	21223
	Yes	193	8- 194	3	220-05-8202	Mrs. Gert:	rude	L. Fitzpa	atrick	k, 1917 Wil	
	18. 198	31			CAUSE OF DEATH	1				APPROXIMAT	EINTERVAL
	DISEASE	OR CON	DITION DIE	ECTLY	Ddie	0 (4 10)	1	. 11	,	BETWEEN ONSE	T AND DEATH
	(This does not	meon the	mode of	dvina. e.a	(A) IMMEDIATE CAU		nm	ones w	a	19	116-
	heort lailure, as injury ar compli	Ihenio, ele	. Il means	the disease.	DUE 10, OR AS A	CONSEQUENCE)F:				
			T CAUSES		(2ni	cial Ilm	line	2400			
	DISEASES OR	CONDIT	ONS, if	ony, giving	(B)	A CONSEQUENCE	OF:	W/-	*********		
	rise la lhe UNDERLYING	obave c	ouse (A)	slating the				(
		11			(c)	***************		***************************************	***********		
ATION	OTHER SIGNIFICATION THE DEATH	ANTCOND	TIONS CON	TRIBUTING	NONC						
CAT	DISEASE OR CON	IDITION GI	VEN IN PART	1 (A)	***************************************		***********				
ERTIF	0/3000	१ 14	WAS PERF	ORMED	HICH OPERATION	20A. AUTOPSY?	10	IN CERTIFYIN	WERE FIN	DINGS CONSIDERED	
CALC	21A. ACCIDENT OR CONTRIBUTION DEATH (notify me	NGLICAL	SE OF	Non 21 B.	PLACE OF INJURY (e.g., in , form, foctory, street, off	or obout 21 C. WHE	RE DID	(If In E	Boltimore C	ity, give exact location	1)
MEDI	21 D. TIME (A	Nonthl (D	oy) (Yeor)	(Hour) 21E	INJURY OCCURRED	21 f. HOW	/ DID IN.	JURY OCCUR?			
S	(APPROX.I			While	Not While						
	22, I certify the	ot (I) (thi	hospitol)		e deceased from	5 MAY		19 12 ta_	17	Ma	10 72
	that (I) 💋 la				17m	77			anini-	n death occurred	19
					(Ald) (qiq-uoi) vi		e doneh	(,)	aprilla	ii deoth occurred (on the date
	23A. SIGNATURE	1			2 4 4	on the body offe	deam.		23	& DATE SIGNED	
	CL	cher	10%	Butt.	4 MU Aften	ding Med.	lor 🔲	Staff Phys.		17 MAL 7	12
	23C. PHYSICIAN'S		^	1	DEGREE	D. ADDRESS	/	rnys. •		· · · · · · · ·	
	rich	are	17. 6	MAIT.	11 MD	Univer	11+1	Hospi	4		
24A	REMOVAL (Spec	TION, 248	DATE	24C. NA	ME el CEMETERY el CREA	MATORY	24D. L	OCATION	(City, t	lown, or county)	(Stote)
-	urial	5-	20-197	2 Lou	don Park Ceme	tery	Ba 1	timore,			
25A	DATE REC'D BY	HEALTH	DEPT.	25B. NAME OF	REGISTRAR	25C. FUNERAL				ADDRESS	
_	MAY 22	BIZ	The state of	E. Pails	E AD	Howard]	HU HU	bbard, 4	107 Wi	ilkens Ave.	21229
VS	150-REV. 1/1/68										

THE RESERVE OF THE PROPERTY OF n a n a selati de mandée a casama a charaga regitor errore is well to any it so as the in 1 1 1 10 1 11/10 100 Se many to Armid the same of the sa HIS A L. F. L. STALK. STATE STATE OF ST A MAN HOUSE LAND NO FILL WILLIAM IN LI CLEY RESIDEN

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or co	ndete	s in r	dece	ition	
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sistar the d	kind	deat	nce o	final	
his as so, if	of any	unced	tenda	o pe	
er. Al	cture	prono	h); and (6) No physician was in regular attendance on the deceased prior to death. Such	palm	
xamir	A fra	who	regul	re em	
ical ex	18; (3)	cian	as in	ains a	
fmed	y burn	physi	ian w	e rem	
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must belease	ciden	hospi	to dec	som le	
icate i	An ac	Lata	prior	prove	
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death	written approval must be obtained before the remains are embalmed or final disposition is made.	
This the	shov	MOS	dece	writ	

BALTIMORE CIT	Y HEALTH DEPARTMENT
BIRTH NO.	ATE OF DEATH REG. NO. 72 04806
1. NAME OF DECEASED (Type or Print) SCOTT, JAMES KENNETH	05-17-72 10:55 P _M .
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND Baltimore C. CITY OR TOWN CATONSVILLE D. INSIDE CITY LIMITS?
SI.AGNES HOSPITAL	VES NO K
WILKENS ECATON AVENUE	E. STREET AND NUMBER
BALTIMORE, MARYLAND 21229	405 ALLVIEW COURT 21228
S. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Days Hours; Min.
MALE WHITE WIDOWED DIVORCED	07-30-26 45
done during most of working life, even if retired)	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
TEACHER COMMUNITY COLLEG	E MADVIAND
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
WALTER E COTT DECL	G. BECCLE (CELDY) COOTT
IS. Wos Decosed Ever in U. S. Armed Forces? 16. SOCIAL	17 INFORMANT
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	Mrs. Georgia M. Scott, 405 Allview Ct. 21228
YES WW2 217208928 18. 44 / 1 CAUSE OF DEA'	ST. AGNES HOSPITAL, WILKENS & CATON AVE
DISEASE OF CONDITION DIRECTLY	BEZWEEN ONSET AND DEATH
LEADING TO DEATH	mil aulions of the above -
(This does not mean the mode of dying, e.g., (A) IMMEDIATE CA	A CONSEQUENCE OF:
heart loilure, asthenia, etc. It means the disease, injury or complication which coused death.)	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, if ony, giving DUE, TO, OR A	S A CONSEQUENCE OF
rise to the obove couse (A) stoting the UNDERLYING CONDITION lost.	Apply carded Herrighbrand
(),	J. J. W. W. W. Co. Co. Co. Co. Co. Co. Co. Co. Co. Co
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., or CONTRIBUTING CAUSE OF home, form, foctory, street, or contributions	in or obout 21 C. WHERE DID (If in Boltimore City, give exect focation)
DEATH Inotify medical examined	miles blugs, majori occor.
Q 21 D. TIME Month) (Day) (Year) (Hour) 21E IN ILLRY OCCUPRED	21F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.) White At Not White At Not White At Work Not White At Work Not Work	
22. I certify that (I) (this haspital) attended the deceased from May 17	72
and hour and from the causes stated above. (I) (We) (did) (did nat)	
	ending Med. Staff
DEGREE Ph	ys. Director Phys.
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS BALTIMORE, MARYLAND 21229
S SAN PEDRO, M.D.	ST. AGNES HOSPITAL; CATON & WILKENS AVE
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY of CI	REMATORY 24D. LOCATION (City, town, or county) (Stote)
Burial 5-22-1972 Lorraine Park Co	
25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
MAY 22 1972 Hobert E Jacker May 0	Howard H. Hubbard, 4107 Wilkens Ave. 21229
VS 150-REV. 1/1/6B	

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Jacob Charles	ENGRATUTE STITE	AS INVESTOR		n'z's	
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1	7 111			BALTIMORE CITY	HEALTH DEPARTMEN	NT	20 04000
)-166	700	4000	CERTIFICA	TE OF DEAT	H REG. NO	72 04807
	NO.	SED.	2007			TE AND HOUR OF DEATH	
	or Print)	SPURRIER	, HELE	EN ANNA	MA	Y 18, 1972	11:26A M.
3. PL	ACE IN BALTIA	MORE MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE A. STATE B.	(Where deceased lived, If i	institution: residence before admission)
FULL	NAME OF	(IF NOT IN HOSPITA	AL OR INSTIT	UTION, GIVE STREET	MARYLAND	Å.	2012
ITZNI	TUTION	ADDRESS OR LOCA	CHOIN)		C. CITY OR TOWN BALT I MOR		SIDE CITY LIMITS?
1	10	ST. AGNE	S HOSE	PITAL	E. STREET AND NUM		YES NO NO
7	70				2705 NOR	THSHIRE DRIV	/E 21230
SESE	MALE 6.	RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. II Under 24 Hrs. Months: Doys Hours Min.
WM	18 W W	CAUCASIAN	WIDOWED		01/09/16	56	
		ATION (Give kind of work rking life, even if relired)	10B, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote	or foreign country)	12. CHIZEN OF WHAT COUNTRY?
	lousewife				MARYLAND		U.S.A.
3. FA	ATHER'S NAME	ESTIL &			14. MOTHER'S MAIDE	NAME	
	WRENCE				MARY XXXX	XXXXXXXXXX BUF	RNES
S. W Yes, r	os Deceosed Ex	ver in U. S. Armed For I yes, give wor or dote	ces? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	Spurrier 27	705 Northshire Dr.
N	o			216-30-8967	ST. AGNE	S HOSPITAL	RECORDS 2123
11	8. 4/0	91+2	50.9	CAUSE OF DEAT	Η	^	A BETWEEN ONSET AND DEATH
		OR CONDITION DIS	RECTLY	(1)	III mil	LIAMAS EX	0111
1		meon the mode of	dying, e.g.,	(A) IMMEDIATE CAL	A CONSEQUENCE OF:	wran coc	eur [
		thenia, etc. It means ication which caused		\$ 00 TO, OK AS	A CONSEQUENCE OF	1	1.1.
		TECEDENT CAUSES		Extos	IND ALLI	0 UNIA 1019	MADURET
(DISEASES OR	CONDITIONS, if	ony, giving	DUE TO, OR AS	A CONSEQUENCE OF:	x ougous.	- uguus
		above cause (A)	stoting the				
-	ON DEREING	11		(C)	+1 11.		
≓I⊺	O THE DEATH	ANT CONDITIONS COI BUT NOT RELATED TO TI	HETERMINAL	Deani	Us Wel	leus	
	9A. DATE OF O	PERATION 198. CON WAS PER	DITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes	or No. 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
U 2		WAS UNDERLYING	218	R. PLACE OF INJURY (e.g., i		OID (If in Boltimo	ore City, give exoct location)
4 0		NG CAUSE OF dedical examiner	hon etc.	ne, form, foctory, street, o	fice bidg., INJURY OCC	J R?	
0 2		Month) (Doy) (Year)	(Hour) 21E	. INJURY OCCURRED	21 F. HOW DI	D INJURY OCCUR?	
	APPROX.)		WH	nile At Not Whit			
2	2 Loontify th	not (1) (this hospital			1A Y 17	19 72 to MA	Y 18 19 72
		est sow the decease		10 11 0	19 72 .		Olnion death occurred on the date
			A	l) (Ne) (did) (did nat) v			mon death accorded on the date
1	3A. SINATURE		1100000	(did) (did har) v	Tew the body offer de	201116	23B. DATE SIGNED
	14	101111	1011	Athe Phy	nding Med.	Stoff V	05/18/72
2	C. HYSICIAN			DEGREE	23D. ADDRESS BAI	TIMORE MAR	IAND 21229
	NAME ITYPE	AN PEDRO,	M.D.		ST. AGNES	HOSPITAL: CAT	ON & WILKENS AVES
24A.	BURIAL CREMA	ATION, 248, DATE		AME of CEMETERY OF CR	3	,	City, town, or county) (Stote)
Bur	ia 1	5-22-1	972 To	udon Park Ceme	eterv	Baltimore, Man	rvland
		HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL DIR		ADDRESS
	MAY 22	1972 Jobast	E Face	EL MD O	O Howard H.	Hubbard , 4107	Wilkens Ave. 21229
140 30			-	1			

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

4-400	7	BALTIMORE	CITY HEALTH DEF	AKIMENI		200
BIRTH NO.	79 04	808 CERTIFI	CATE OF I	DEATH	REG. NO	72 04509
I. NAME OF DECE				2. DATE AND	HOUR OF DEAT	Н
(Type or Print)	EALEY, DAN	IEL JOSEPH		MAY	17. 1972	1 3:00 P.
		HERE PRONOUNCED DEAD	4. USUAL RE	SIDENCE (Where	deceased lived. If	institution: residence before admission
ULL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITUTION, GIVE STREET	MARY			1400
NSTITUTION			C. CHT OK I		D. IN	ISIDE CITY LIMITS?
SI	AGNES HOS	PITAL	E. STREET A	I MORE		YES Y NO
40					105 S. GI	LMOR STREET
. SEX	6. RACE	7. MARRIED X NEVER MARRIED	B. DATE OF B		AGE (In years at birthday)	If Under 1 Yr. If Under 24 Hrs Months: Doys Hours Min.
MALE	CAUCASIAN	WIDOWED DIVORCE	10/1/		73	
OA. USUAL OCCU	PATION (Give kind of work	108, KIND OF BUSINESS OR IND			n country)	12. CITIZEN OF WHAT COUNTR
SHOP W	rorking life, even if retired) ORKE R	GENERAL ELECT	TRIC MAR	YLAND		U.S.A.
3. FATHER'S NAM				S MAIDEN NAM	E	0.3.A.
	EALEY, SR		MARY	(MILLE	?)	
	Ever in U. S. Armed For	ces? 16. SOCIAL		•		ADD9FSS
Yes, no or unknown) NO	(If yes, give wor or date	s of service) SECURITY NO. 213-10-07	83 ST AG	NES HOS	DRE MARY	LAND ADDES 229 ATON & WILKENS AV
18. ////	9	CAUSE OF	DEATH			APPROXIMATE INTERVAL
DISEAS	E OR CONDITION DI	RECTLY			-	BETWEEN ONSET AND DEAT
	LEADING TO DEATH	ANIMMEDIA	is carred	Jufan	chen	
	of mean the mode of osthenia, etc. If means	dying, e.g., DUE TO, (igicause DR AS A CONSEQUEN	CE OF:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	plication which caused	death.)				
A	NTECEDENT CAUSES	(m)	riso de ro		it die	a Ce
DISEASES O	R CONDITIONS, if	any, giving (B)	OR AS A CONSEQUE	NCE OF:		•••••••••••••
	above cause (A)					
	above cause (A) CONDITION last.	sloting the (C)				
UNDERLYING	CONDITION lost.	(c)				
UNDERLYING OTHER SIGNIFITO THE DEAT	CONDITION lost. II CANT CONDITIONS COIL BUT NOT RELATED TO TO	(C)				
O THER SIGNIFICATION TO THE DEATH	CONDITION lost. II CANT CONDITIONS COI BUT NOT RELATED TO TO DIDITION GIVEN IN PAR OPERATION [198] CON	(C)		DPSY? (Yes or No)	208. IF YES, WER	E FINDINGS CONSIDERED
O THER SIGNIFICATION TO THE DEATH	CONDITION lost. II CANT CONDITIONS COI H BUT NOT RELATED TO TI DINDITION GIVEN IN PAR	(C)			208. IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?
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22 Jaben KA 1972

VS 150-REV. 1/1/68

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1	7-6/3		72 (4809		HEALTH DEPARTMENT		72 04809	
	RTH NO.		1 44 14	1000	CERTIFICA	TE OF DEATH	REG. NO	14 04000	-
	NAME OF DEC					2. DATE	AND HOUR OF DEATH		
3.	PLACE IN BAL	TIMORE MA	might w	HERE PRONO	Griffith DUNCED DEAD	MA USUAL RESIDENCE A	ay 16,1972	institution: residence belare	P. M.
						A. SIATE B. CC	UNTY	institution; residence belate	admission)
III He	ILL NAME OF OSPITAL OR STITUTION	ADDRES	IN HOSPITA	AL OR INSTITUTION)	TUTION, GIVE STREET	Maryland c. CITY OR TOWN		0000	18
r	FRTI	FICA	TE	AMI	ENDED	Baltimore	- C	YES X NO	
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5.	SEX	6. RACE		7. MARRIED	X NEVER MARRIED	8. DATE OF BIRTH	9. AOE (In years	If Under 1 Yr. If Under Months! Doys Hours	er 24 Hrs.
	Male	Whit		WIDOWED		1/11/1892	last birthdayl	Months Doys Hours	Min.
dor	no during most of t	JPATION (Give working lile, eve	kind of work on it refired)	108 KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or	fareign country)	12. CITIZEN OF WHAT	COUNTRY?
	Bookkee	eper		Md.	Dry Dock	Maryland		II.S.A.	
13.	FATHER'S NAM	Ltta			albura Y	14. MOTHER'S MAIDEN!	MAME	D.U. A.	
	John		Griff		3.34 5.4	Katherin	savage		
15. (Ye	Wae Deceased s, no or unknowni	Ever in U. S. (If yes, give	Armed Ford war at dates	os? of service)	SECURITY NO.	17. INFORMANT		ADDRESS 4	01
Ŀ	Yes	1917-	1919		216-03-0063A	Mrs. Regina	. C. Griffi	th Rosecrof	+ Mer
	18.4/2	-41			CAUSE OF DEAT	H		APPROXIMATE IN	NTERVAL
-		E OR COND		ECTLY		1 7	11 227 /		
1,0,0	(This does n	of mean the	mode of	dying, e.g.,	(A) IMMEDIATE CAL	A CONSEQUENCE OF:	Hearl Jack	ve 3/12	Ø .
	heart failure, injury or cam	asthenio, etc.	. It means	the disease,	DOE 10, OR AS	A CONSEQUENCE OF:			
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	DISEASES O	R CONDITION	ONS, if a	ny, giving	(B) DUE TO, OR AS	A CONSEQUENCE OF:	aco-jase. De	0. 107	/
	rise to the UNDERLYING	CONDITION		stoling the	(c)				
		- 11			(0)				
ION	OTHER SIGNIFI	CANTCONDI	TIONS CON	TRIBUTING					
CAT	TO THE DEATE	ONDITION GIV	/EN IN PART	1 (A).	***************************************	***************************************			
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EDI	21D.TIME OF INJURY	(Month) (Do	y) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?		
×	(APPROX.)			Whi	lle At Not While	· 🗆 📗			
	22. I certify	that (I) (this	hospital)	attended t	he deceased fram	January 6	19 7/ to m	an 1/2 10	72
	that (I) (Np)				may 13	1972 and		nion death accurred an	
	and hour and	fram the ca	uses state	d abave. (I	(We) (did) (8td-net) v	lew the bady after death		mon addin addonog dii	tue date
	23A. SIGNATUI	RE	3 11		6)-			23 B. DATE SIGNED	
	Melon	uh-s	alla	gen In	DEGREE Phys	nding Med. Director	Staff Phys.	5/18/72	
	23C. PHYSICIAN	Y'S pe) ;	A 32			3D. ADDRESS		11/1/2	
	Wilane	rK. C	52112	ger Si	- M-D DEGREE	\$209 Fredericks	Rd, Bellim	n. md. 2122	28
24A	REMOVAL (S	AATION, 24B, pecify)	DATE	24C. NA		MATORY 24D.	LOCATION (C	ly, town, or county)	(State)
	Buria		/19/1	972	New Cathed	ral	Baltimore.	Maryland	
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1/5		10115	obert	E. Vala	44 R.S.	GTruman S	ghwab 5151	Balto.Nat'	I.Pik
A.2	150-REV. 1/1/6	9							

Bapt. Record Church of the Blessed Sacrament Baptized 7-16-22 Family Record showing Bible Entry This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was Do.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such written approved must be obtained before the remains are embalmed or final disposition is made. VS 150-REV. 1/1/68

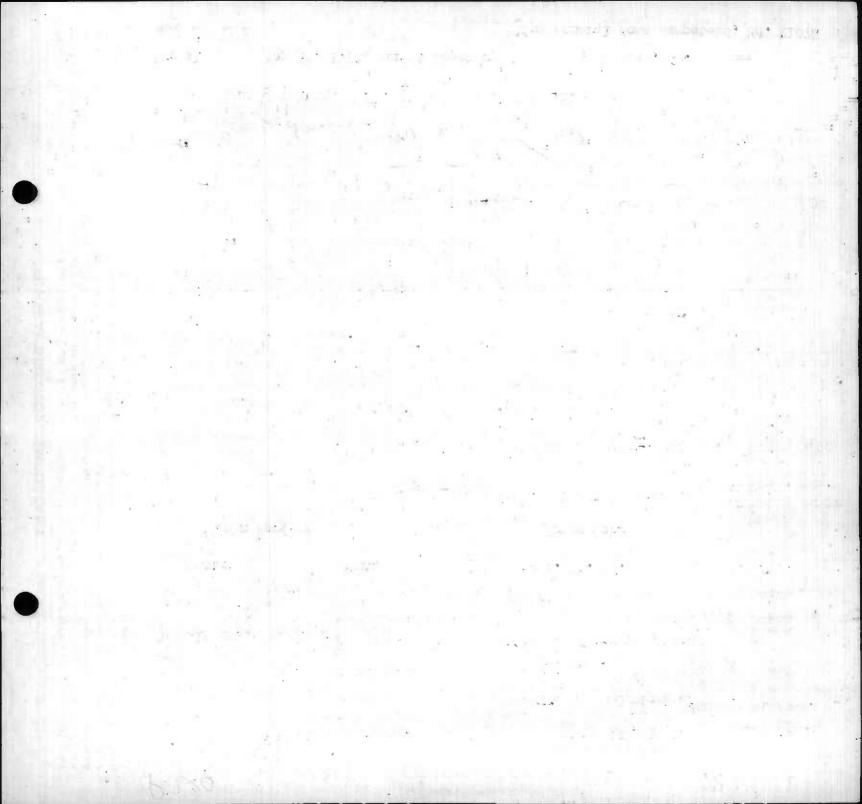
4-600		BALTIMORE CIT	TY HEALTH DEPARTMENT		72 043.0
	72 04	STO CERTIFIC	ATE OF DEATH	REG. NO	14 040 10
BIRTH NO.			0	1	
Type or Print)	William J	· Ahern	5	AND HOUR OF DEAT	18 A N
3. PLACE IN BALTIMORE	MARTLAND, WHE	RE PRONOUNCED DEAD	4. USUAL RESIDENCE () A. STATE B. CO	Where deceased lived, If	institution; residence before admission
FULL NAME OF (IF	NOT IN HOSPITAL	OR INSTITUTION, GIVE STREET	Maryland	Baltimo	re 5 300
NOTHTERN	DRESS OR LOCATION		C. CITY OR TOWN		VSIDE CITY LIMITS?
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MD GE	~ HO	757	73/2- E	BETZ AT	/E.
Male 6. RACE	T.Rod 4 o	MARRIED NEVER MARRIED DIVORCED	10/19/94	9. AGE (In years last birthday)	if Under 1 Ys. If Under 24 Hrs Months Doys Hours Min.
OA USUAL OCCUPATION lone during most of working li Retired	(Give kind of work 10) (e, even if refired)	B, KIND OF BUSINESS OR INDUSTI	Maryland		12. CITIZEN OF WHAT COUNTRY
3. FATHER'S NAME			14 MOTHER'S MAIDEN		
		Ahern, Sr.			Wrightson
5. Wes Deceased Ever in Yes, no or unknown) (If yes, No	U. S. Armed Forces give war or dates o		A Mrs. Anna R.	()12	Betz Avenue more, Md. 21219
18.4/12 2	1	CAUSE OF DEA		2010111 201101	APPROXIMATE INTERVAL
7///	ONDITION DIREC	CTLY	Cardia	2.0.0	BETWEEN ONSET AND DEAT
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(This does not mean heart failure, asthenia	the mode of dy	ING. C.C. DUETO OR A	S A CONSEQUENCE OF:	A	Rain
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SHEEMIN LAMPIN MD CON HOSP (for s) as spire so the 10/29/94 77 WILLIAM

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. written approval must be obtained before the remains are embalmed or final disposition is made.

Such

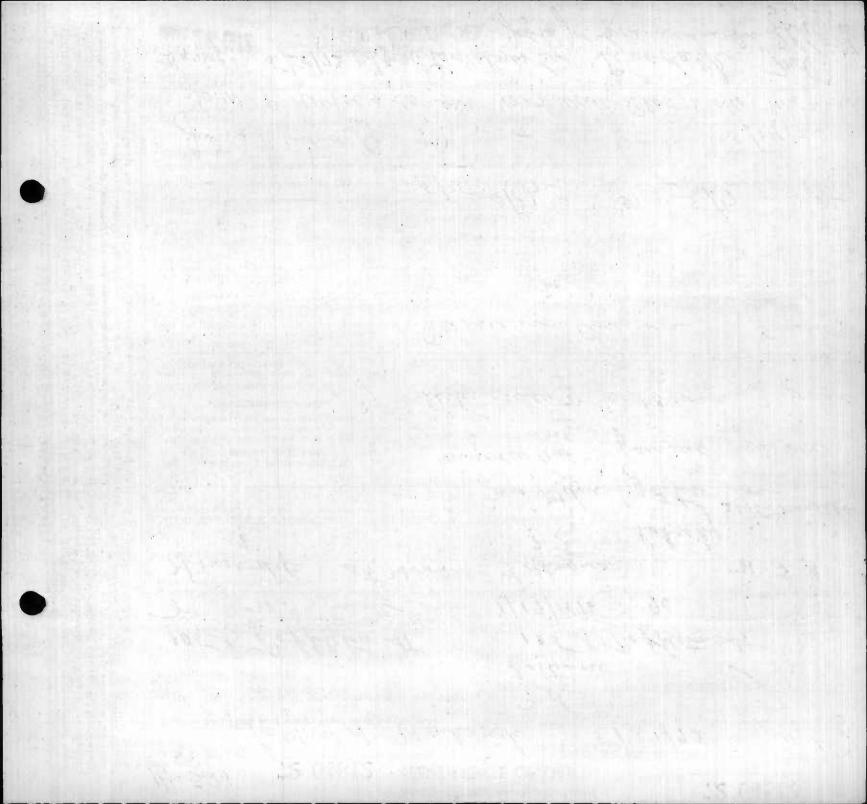
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BIRTH NO.		OTT	CERTIFICA	TE OI				
(Type or Print)		_				ID HOUR OF DEATH		
	Willia	m Pere	goy		May	16, 1972		12 Noon
3. PLACE IN BALTIM	ORE MARYLAND, W	HERE PRONOL	JNCED DEAD	A. STATE		Saltimore		
FULL NAME OF HOSPITAL OR	ADDRESS OR LOCA	AL OR INSTITUTION)	JTION, GIVE STREET	C. CITY OR			IDE CITY LIMI	
	nor Nursi	ng Cer	ter	Rel t	imore		YES T	NO
	kins Aven		1001		ND NUMBER		110	
	e. Maryla		220	5743	Edmond	son Avenu	e	5 300
	RACE		NEVER MARRIED	B. DATE OF		9. AGE (In years		Yr. If Under 24 Hi
Male	White	WIDOWED		3/20		10st birthdoy	If Under 1 Months D	oys Hours Min.
	TION (Give kind of work	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPL	A CE (State or fore	ign country)	12. CITIZEN	OF WHAT COUNT
done during most of work		_					TT	Ct A
Farmer 13. FATHER'S NAME		Farm			to. Co. 1		Uei	S.A.
3- FAIRER S NAME				14. MOTHE	R'S MAIDEN NA	WE		
oI.	hn Peregoy				Irene Ca	err		
S. Was Deceased Eve	er in U. S. Armed Fore	ces?	1 6. SOCIAL	17. INFORM			A	DDRESS
NO	yes, give wor or date	> OI BETVICE!	SECURITY NO.	Mna	M474~	d Wheeler	Car	roll Mano
18. // / 🔿			219-54-079()	PILIUI'6	d wifeerer	Raid	APPROXIMATE INTERVAL
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21D. TIME (N	lonth) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21 6	HOW DID INJ	URY OCCUR?		
(APPROX.)	NT / A	Whi	le At Not While		nt / a			
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that (I) (we) la	it (I) (this haspital st saw the decease am the causes stat	d alive an	in man	19 🗍	2 and th	at in(my) (oor) opl		
23A. SIGNATURE							238. DATE	SIGNED
will	250 1			nding P	Med.	Shaff	1871	1/2 77
23C. PHYSICIAN'S	Jochm	en ,	GEGREE Phys	23D. ADDRES	Director U	Phys. 🗀	1000	1619 /2
NAME (Type)		m M T		7 7 7 7	Sulahu	r Spring	Road	
Willi	TION, 248. DATE		ME of CEMETERY OF CRE			r Spring	ity, town, or o	county) (State)
REMOVAL (Spec	sify)							
Burial MAY 22 19	May 18,	125B. THAMBE C	Forest Cemete	2SC. FUN	TERAL DIRECTOR	Home Hamps	stead,	ADDRESS Md. 21074
S 150-REV. 1/1/6B				-				



FUNERAL DIRECTOR: IMPORTANT

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

M = 0	BALTIMORE CITY	HEALTH DEPARTMENT	(4	2 04812
72 04812	CERTIFICA	TE OF DEATH	REG. NO.	
1, NAME OF DECEASED	- 1	D 2. DATE ANI	HOUR OF DEATH	
(Type or Print) Sophia .	Minkey	ich 3	17/72	11 H M.
3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUN	CED DEAD	A. STATE B. COUN	deceased fived. It institu TY	tion: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTI ADDRESS OR LOCATION)	ON, GIVE STREET	md		1803
INSTITUTION ADDRESS OF ECCATION		C. CITY OR TOWN	D. INSIDE (
00 1 2 111	0.	E. STREET AND NUMBER	YE	S NO L
105 S. Poppleton	St.	1051	Poppleton.	St.
S. SEX 6. RACE 7. MARRIED	NEVER MARRIED		AGE (In years II Mo	Under 1 Yr. , Il Under 24 Hrs. onths; Days (Hours) Min.
T. W. WIDOWED	DIVORCED [1/17/1876	96	
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BI	USINESS OR INDUSTRY	1). BIRTHPLACE (State or foreign	n country) 12	CITIZEN OF WHAT COUNTRY?
House wife at	Home-	Lethuania		· 71 . S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	NE DI P	
			Sabesky	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	6. SOCIAL SECURITY NO,	17. INFORMANT	, , ,	4008 Thinselfs
ma is	-	mrs Bleken	Oraitis	Ove
18.4	CAUSE OF DEATH		1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	my	reculial In	· Carolin	0
(This does not meen the mode of dying, e.g.,	(A) IMMEDIATE PAU	SE CONSEQUENCE OF:	quience	sudden
heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	552 10, 51.30		V	
ANTECEDENT CAUSES	" Center.	molecutie 14	and Deseau	2
DISEASES OR CONDITIONS, if ony, giving	DUE TO, OR AS	A CONSEQUENCE OF:		- Angelia
rise to the obove couse (A) stoting the UNDERLYING CONDITION lost.	(c)			
11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	(yerm	coines au	enna	Smereller
DISEASE OR CONDITION GIVEN IN PART 1 (A).	IICH OPERATION			INGS CONSIDERED
198. CONDITION FOR WH		20 A. AUTOPSY? (Yes or No)	IN CERTIFYING CAUSES	OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PL	ACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If in Boltimore Cit	ly, give exact location)
DEATH (notify medical examiner)	roim, lociory, sireel, on	ice olag., INJOR! OCCOR:		
Q 21D, TIME (Month) (Dov) (Year) (Hour) 21E, IN	NJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?	
S OF INJURY (APPROX.) While Work	At Work			
22. I certify that (I) (this hospital) attended the	deceased from	3/27 1	957 to 5	17 19 72.
that (1) (we) lost saw the deceased alive an	m/15	1972 ond the	t In(my) (our) apiniar	death accurred on the date
and have and from the causes stated above. (1) ((We) (did) (did not) vi			
23A. SIGNATURE	240			B. DATE SIGNED
John V. Where &	DEGREE Phys	Director L.J	Staff Phys.	5/19/7-
23 C. PHYSICIAN'S NAME (Type)	C. MAD	3D. ADDRESS	Round R.	11. 7. 1712 1
JOHN P. URLOCK	DEGREE	1227 Warle	Deva De	no ma asc
24A. BURIAL CREMATION, 24B. DATE 24C. NAM	TE of CEMETERY OF CRE	MATORY 24D. LC	CATION (City. I	own, or county) (State)
Buriol 5/20/72 050	es tanis	laus bem. I	Lundall	mac.
25A. DATE REOLD TOLTH ONE OF CESTINAME OF	REGISTRAR D. Z.	25C. FUNERAL DIRECTOR	Lawren & La	Inc ADDRAS - SI
MAY E WILL Wasener	- TRIBELL PER	12.01.	000000000000000000000000000000000000000	Hollens
VS 1S0-REV. 1/1/68				21223



B-200)	MED	ICA	()	ALTIMORE CITY HE			F DEATH	REG. NO.	2 0	1813
NAME OF DEC	GILBER					2. DATE OF DEATH	Known X	Month May 17	, 1972	Year	11:02A M.
PLACE IN BALT JEL NAME OF DESPITAL R INSTITUTION	(IF NOT		LORINS		GIVE STREET		OUNCED DEAD	Month May 17,		Yeor	11:02 A _M
31	CITY HO	OSPITA	L			A. STATE	Maryland		. COUNTY	Bal	
sex Male	7. RACE Whit	te	12.00	RIED 1	DIVORCED	1	or town cimore		D. INSIDE CITY		No 🗗
Sept 17		10. AGE (In lost birthdoy	yeors (1)		Yr. II Under 24 Hrs. Doys Hours Min.		Oak Dale	Avenue			,,,,
BIRTHPLACE (SE	а.				COUNTRY?	Har	vey Beac	:h			
A.USUAL OCCUP oduring most of we on op for	orking life, eve	kind of work n If retired)	G.1		iness or industry	15. MOTH	a Uttenr	AME			
WAS DECEASE s, no perenown)	D EVER IN U (If yes, give w WW 2	J.S. ARMED or or doles	FORCE of service	5? 17.	SOCIAL SECURITY NO. 12-22-0978	IB. INFO	_{RMANT} amiðy re	cords	ADI	ORESS	
L	OR CONDITION TO THE PROPERTY OF THE PROPERTY O	DEATH			CAUSE OF DEA Pulmonar	th y Embo	olism				PPROXIMATE INTERVAL VEEN ONSET AND DEATH
heart follure, injury or com	osthenio, etc. plicotion which	II meons the a coused deo	diseose,		Phleb	othron	abosis of	Poplitea	1 Veins		
RISE TO THE	R CONDITIO ABOVE CAU G CONDITIO	SE (A) STAT	, GIVING		(c) Fract		EQUENCE OF: Cervical	Vertebr	·a		
TO THE DEA	FICANT CON TH BUT NOT I CONDITION C	PELATED TO	THE TERM	INAL							
ald -			IDITION		ICH OPERATION WA						yes
UNDERLYING UTING CAL	JSE OF DEAT	RIB- H.		-	ce of INJURY(e.g., m, loctory, street, office Chev. Inn	In or obout bidg., etc.)	Holabird	Avenue		locotion)	036
22D. TIME (POF INJURY (APPROX.) 4-				m. WHILI	EAT NOT	WHILE K	Injured			ion	

Sulcide _

M.D.

24C. NAME of CEMETERY OF CREMATORY

Homicide 🗵

Moreland Memorial Pk. Baltimore Co Md

REAF REGISTRAR | 25C. FUNERAL DIRECTOR ADDRESS

CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

ASSOCIATE MEDICAL EXAMINER

and that on this basis, deoth in my opinion

Undetermined monner

24D. LOCATION (City, town, or county)

C.F.EVANS & SON 8802 Harford Rd.

DATE SIGNED

(Stole)

5/17/72

1 certify that I held on Inquiry Inspection Autopsy

Ronald N. Kornblum, M. D.

Accident .

258 NAME OF REGISTRAR

resulted from: Natural courses

24B. DATE

5/20/7

ACTUAL

Burial

VS 151-REV. 1/1/68

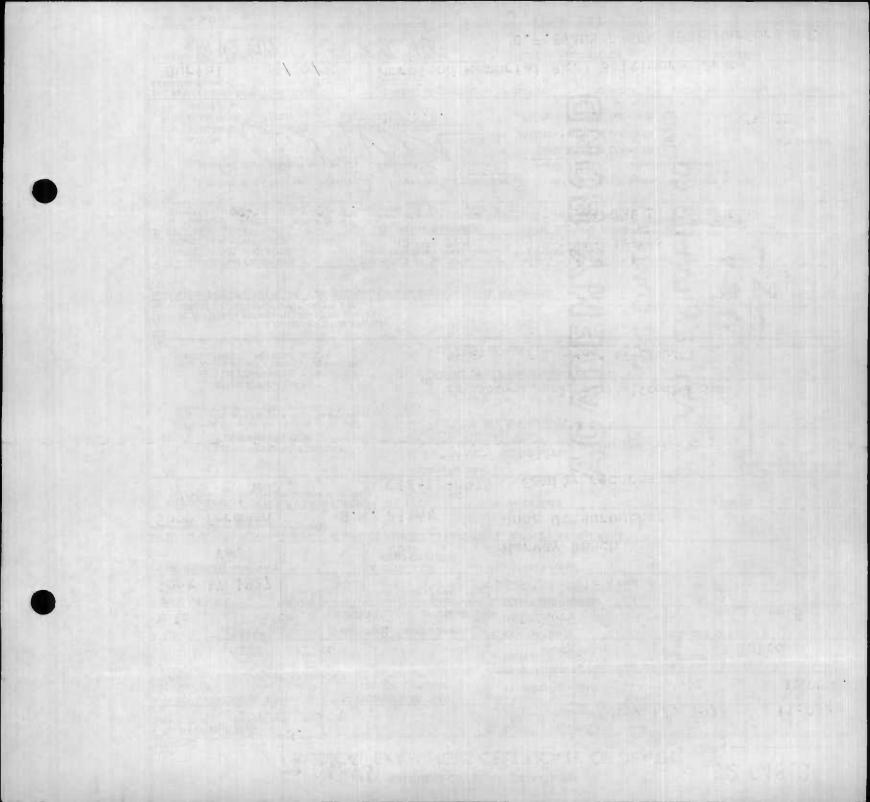
SIGNATURE

EXAMINER'S

NAME (Type)

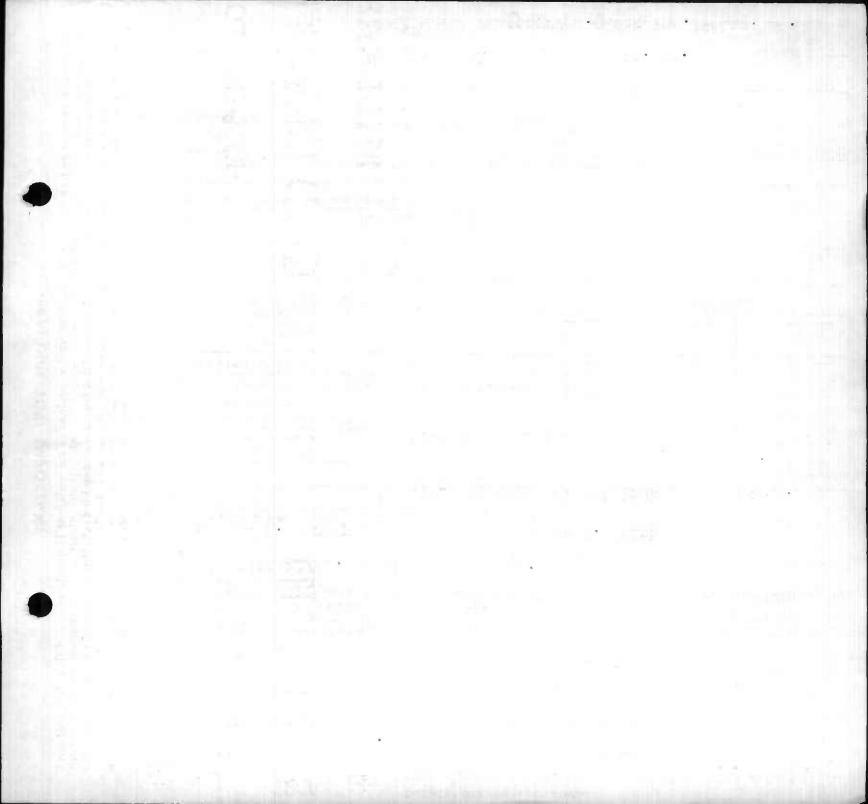
24A. BURIAL CREMATION,
REMOVAL (Specify)

25A. DATE REC'D BY HEALTH DEPT



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his certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and he body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death hows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased as D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the eceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such ritten approval must be obtained before the remains are embalmed or final disposition is made.	
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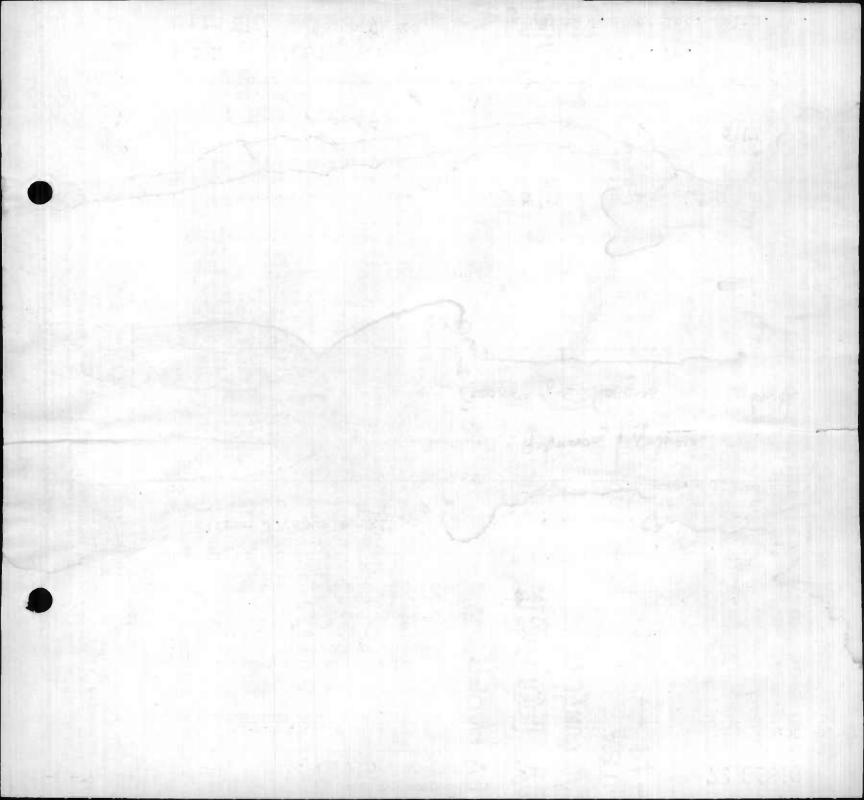
H-420 72 04814	BALTIMORE CITY	HEALTH DEPARTMENT		
7-920 12 U4014	CERTIFICA	TE OF DEATH	REG. NO	72 04814
1. NAME OF DECEASED		2. DATE AND	HOUR OF DEATH	4 /
CATHERINE	ALESSI	MAY	17 11	972 4:30P.M.
3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUN	ICED DEAD	4. USUAL RESIDENCE (Where	deceased lived, If i	nstitutions residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	ION, GIVE STREET	C CITY OR TOWN	D. INS	IDE CITY LIMITS?
INSTITUTION		BOLTIMORE		YES 🕅 NO
7		E. STREET AND NUMBER		
UN'ON MEMORIAL HO	DSPITON	1522 NO	RTHWI	ck Rd.
5. SEX 6. RACE // 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH 9.	AGE (In years	Months Doys Hours Min.
WIDOWED WIDOWED	DIVORCED 🔣	06-28-1911	60	
10A USUAL OCCUPATION (Give kind of work 108, KIND OF B	USINESS OR INDUSTRY	11. BIRTHPLACE (State of foreign	country)	12. CITIZEN OF WHAT COUNTRY?
done during ment of working life, even if refired) Receptionist Alleg. Pens	- · C -	Md.		USA
13. FATHER'S NAME	si Cola	14. MOTHER'S MAIDEN NAME		TODA
I T Common		Annie III I	iol ah	
Joseph L. Garvey	6 SOCIAL	Annie T. V	versn	ADDRESS
15. Was Deceased Ever in U. S. Armed Forces? (Yas, no or unknown) Of yes, give war or dates of service)	SECURITY NO.	THE REST OF THE PARTY OF THE PA		
no	213-10-4970		1502 Noi	
18. 199.0	CAUSE OF DEAT	Н		APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY				
LEADING TO DEATH	(A)IMMEDIATE CAL	ISE CARDAO RESPI	ROTORY	BRIZEST
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc., it means the disease,	DUE TO, OR AS	A CONSEQUENCE OF:	(
injury or complication which caused death.)				
ANTECEDENT CAUSES	(B) SA	KOCK		
DISEASES OR CONDITIONS, If any, giving		A CONSEQUENCE OF:		
rise to the above cause (A) stating the UNDERLYING CONDITION last.	10 (BRC)	NOMOTOSIS	3	
	(0,222			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE TERMINAL OISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************			
194 DATE OF OPERATION 198 CONDITION FOR WI	HICH OPERATION	20A-AUTOPSYT (Yes or No)	208, IF YES, WERE	FINDINGS CONSIDERED
E 12/9/71 WAS PERFORMED	ORTRUCT	103	110	
W .		0 4	CV L	
OR CONTRIBUTING TICAUSE OF home	LACE OF INJURY le.g., farm, foctory, sheet, o	in or about 21 C. WHERE DID	(11 In Boltimo	ore City, give exoct location)
OR CONTRIBUTING TICAUSE OF home	form, factory, street, a	in or obout 21C, WHERE DID fice bidg, INJURY OCCUR	V1-2-12-12-12-12-12-12-12-12-12-12-12-12-	ore City, give exact location)
OR CONTRIBUTINO CAUSE OF home, old DEATH (notify medical examined old DEATH (notify me	NJURY OCCURRED	in or about 21 C. WHERE DID fice bidge INJURY OCCUR?	V1-2-12-12-12-12-12-12-12-12-12-12-12-12-	ore City, give exact location)
OR CONTRIBUTINO CAUSE OF COLOR CAUSE OF CONTRIBUTINO CAUSE OF COLOR CAUSE OF CAUSE O	NJURY OCCURRED At Not Whi At Work	in or obout 21 C. WHERE DID fice bidg. INJURY OCCUR?	RY OCCUR?	
OR CONTRIBUTING CAUSE OF homes of DEATH (notify medical examined) 21D.TIME (Month) (Doy) (Year) (Hour OF INJURY White	NJURY OCCURRED At Not Whi At Work	in or obout 21 C. WHERE DID ffice bidg. INJURY OCCUR?	RY OCCUR?	ore City, give exect location)
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OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CAUSE	NJURY OCCURRED At Not Whi At Work deceased from S ()	216. HOW DID INJU	er occum	5 10 19 72
OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CAUSE	NJURY OCCURRED At Not Whi At Work deceased from S ()	216. HOW DID INJU	er occum	5 10 19 72
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OR CONTRIBUTINO CAUSE OF DEATH (notify medical examined etc.) 21D. TIME (Month) (Doy) (Year) (Hour Ville I While Work Lapprox.) 22. I certify that (I) (this hospital) attended the thot (I) (we) lost saw the deceased alive an	NJURY OCCURRED At Not Whi At Work deceased from (We) (did) (did not)	216. HOW DID INJU	er occum	23B, DATE SIGNED
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FUNERAL DIRECTOR: IMPORTANT

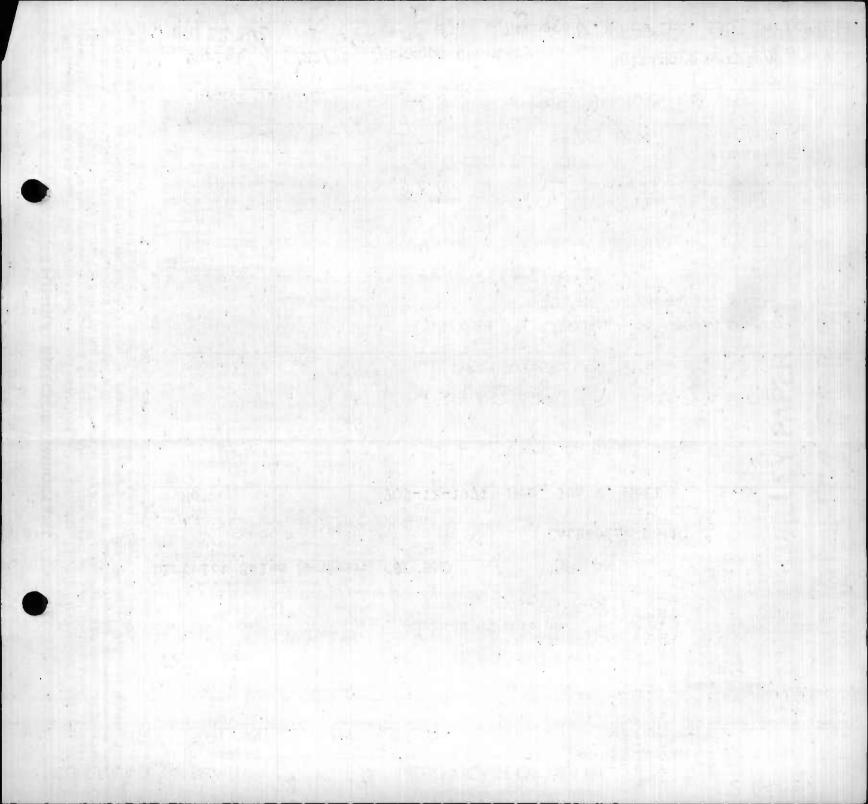
(Type or Print)	V	mo T	7 7 7		5/17		DEATH		8:00
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HOSPITAL OR	ADDRESS OR LOCA	(NOITA		C. CITY OR TOW			D. INSIDE	E CITY LIMITS?	
5 1	Baltimore City	/ Hospita	als	Baltimo			١	YES 🗌	NO
1	4940 Eastern A			E. STREET AND					
	Baltimore, Mar	yland 21	1224	6615 Fai					
s. sex Female	6. RACE Caucasian	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH	1	9. AGE (In yellost birthday)	2	If Under 1 Yr. Months Days	If Under Hours
1	CUPATION (Give kind of work f working life, even if retired)	108. KIND OF	BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or for	eign country)		12. CITIZEN O	F WHAT CO
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IS. Wos Deceose IYes, no or unknow	ed Ever in U. S. Armed Formal (If yes, give wor ar date	ces? s of service)	6. SOCIAL SECURITY NO.	17. INFORMANT		4940 Eas	stern	Avenue	RESS
no				BCH-Reco	rds	Baltimo			21224
18.			CAUSE OF DEA	ATH				APP	OXIMATE INT
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FUNERAL DIRECTOR: IMPORTANT

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	3. FI H IN S. 10 de I 13
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This certificate must be a the body was released to shows: (1) An accident of was D.O.A. at a hospital deceased prior to death) written approval must b	25
	L

M-180 72 04816	BALTIMORE CITY	HEALTH DEPARTMENT		72 04816
BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO.	(C 03010
1, NAME OF DECEASED		2. DATE AND H	OUR OF DEATH	
(ARL). MEIL	Sr.	IAM	1 1810	9721 2:10 P.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	ICED DEAD	A. STATE B. COUNTY	esed lived. It in	stitution: residence befere educission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUT HOSPITAL OR ADDRESS OR LOCATION)	ION, GIVE STREET	C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
4+		E. STREET AND NUMBER		YES MO
UNION MEMORIAL HOSP		AGAG LARCE		Rd.
MARKIED	NEVER MARRIED		GE (In yeers birthdoy)	Months Doys Heurs Min.
M WIDOWED	DIVORCED	05-15.1908	GA-	
tOA, USUAL OCCUPATION (Give kind of work) 10B, KIND OF Edene during most of working lile, even if retired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fereign co	ountry)	12. CITIZEN OF WHAT COUNTRY?
District Sales Manager C	&O B&O	MARYUMD		USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
WENRY MEIL		Catherine	Roth	
15. Wes Deceased Ever in U. S. Armed Forces? (Yes, no or unknewn) (If yes, give war or dates of service)	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No 7	05-12-1071	Mrs. Ida W. M	eil	Same
18. DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH			BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAU	ISE RESPROTORY	1 BRRE	57
(This daes nal meon the made al dying, e.g., hearl lailure, asthenia, etc. II meons the disease, injury ar camplicalian which caused death.)	DUE TO, OR AS	A CONSEQUENCE OF:	-	
ANTECEDENT CAUSES	0001.0	a patterny	IAICIATE	-11-101
	(B) DO OR AS	A CONSEQUENCE OF:	INSOFF	14 FIXLY
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the				
UNDERLYING CONDITION last.	(c) 18RT	erices utipos	13	
11				
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	To alate	M Comment	in laws	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	PUCIOSIE	M, Depension	ur cencus	a poles
19A. DATE OF OPERATION 198. CONDITION FOR WIWAS PERFORMED	HICH OPERATION	20A. AUTOPSY? (Yes ar No) 20		FINDINGS CONSIDERED
W ON A COURTE WAS UNDERLYING TO 1010 O	LAGE OF MILLIPY		100	
OR CONTRIBUTING CAUSE OF Ctc.) 21A. ACCIDENT WAS UNDERLYING 218. Phome, etc.)	form, foctory, street, of	n or obout 21C. WHERE DID including in DID i	(If in Baltimor	e City, give exact location)
O 21D. TIME (Month) (Doy) (Year) (Hour) 21E. I	NJURY OCCURRED	21F. HOW DID INJURY	OCCUR?	
OF INJURY (APPROX.) While	At Work	•		
22. I certify that (I) (this haspital) attended the	deceased from	05/17 19	72-ta	05/18 1972.
that (I) (we) last saw the deceased alive an	00118	1		nian death accurred on the date
and have and from the causes stated above. (1)	(We) (dld) (dld nat) v	lew the bady after death.		
23A. SIGNATURE				23B, DATE SIGNED
50 July 1	DEGREE Phys	nding Med. Staff birector Phys		05/18/12
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	0	
	NTERN DEGREE	221d'	SON DONE	/ OW/
24A. BURIAL CREMATION, 248. DATE 24C. NAME REMOVAL (Specily)	ME of CEMETERY of CRE	MATORY 24D. LOCA	TION (C	ity, tewn, er ceunly) (State)
Burial 5/22/72 Pa	rkwood Cem	Ba:	ltimore	Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAM OF	REGISTRAR	250 FUNERAL DIRECTOR		ADDRESS
MAY 22 DIE Volume C. Marie	0 0	Leonard J. Ru	ck Inc.	5305 Harford Rd
VS 150-REV. 1/1/68	the total	0 0 1 1		

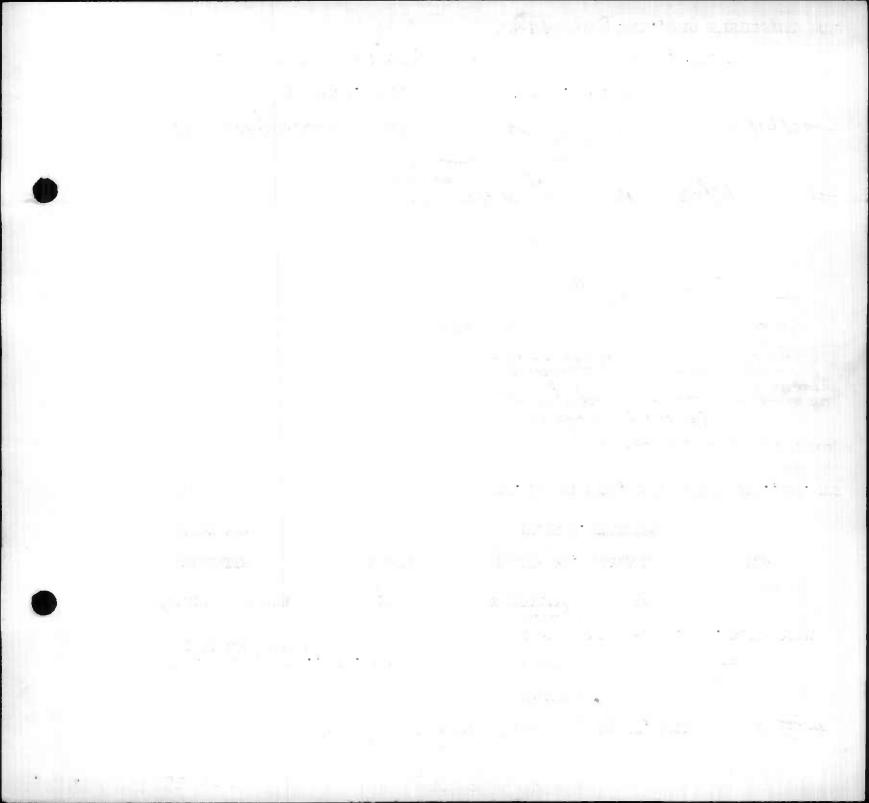


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

٨	1 2.3		BALTIMORE CITY	HEALTH DEPARTMENT		
BIRT	1-200 TH NO. 72)4817.	CERTIFICA	TE OF DEATH	REG. NO.72	2 04817
	AME OF DECEASED Le				AND HOUR OF DEATH	. 11.15 D
	HARRY NE				AY 16, 1972	11:15 P. N
FUI	PLACE IN BALTIMORE, MARYLAND, V	AL OR INSTITUTION		A, STATE B. COL	UNTY PALTO	stitution: residence before admission)
N S	SPITAL OR ADDRESS OR LOC	A IION)		C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
	LEVINDALE			BALTIMORE E. STREET AND NUMBER		YES NO NO
				5 CRISMERS	S COURT #2120	7
. s	6. RACE WHITE HUMAN	7. MARRIED N	DIVORCED _	8. DATE OF BIRTH 10-25x 1884	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
one	.USUAL OCCUPATION (Give kind of wore during most of working life, even if retired) AILOR	SHOP	NESS OR INDUSTRY	LITHUANIA	oreign country)	USA
_	FATHER'S NAME			14. MOTHER'S MAIDEN N	AME	
	MENDEL NEWHOUSE			UNKNOWN		
5. \	Was Deceased Ever in U. S. Armed Fos, no or unknown) (If yes, give wor or dot		OCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	NO	215	-01-6134	MR. IRVIN NEWHO	OUSE, 3710 BR	OWNBROOK CT. #21133
EDICAL CERTIFIC		ony, giving sloting the DNTRIBUTING HE TERMINAL RT 1 (A). DIDITION FOR WHICH FORMED 1 (A) 21E, INJU	(B) DUE TO, OR AS (C) HYDER (C)	A CONSEQUENCE OF: Palized for a consequence of: A	IN CERTIFYING CALLYES (If in Boltimore	2 days ma gess yeals Thoma natkham 2 ys Findings considered uses of death? e City, give exect location)
>	(APPROX.)	While At Work	At Work			1/ 20
3	22. I certify that (N) (this hospital that N)X(we) last sow the deceas and haur and from the couses sta	ed alive an M	ay 16	19.72 ond	that In XXXX (our) opin	
	23A. SIGNATURE	ied onove. (II (we	, (did) (max.mex.)	rew the body offer dedil	110	23B, DATE SIGNED
				nding Med.	Staff TV	
	23C. PHYSICIAN'S NAME (Type) Kamal J BURIAL CREMATION, 248, DATE		DEGREE Phys	LEVINDALE	Stoff Phys. LOCATION (Ci	May 16, 1972 ty, town, or county) (Stote)
254	BURIAL 5-18-		ISRAEL ANS		BALTIM ORE, M	MARYLAND ADDRESS
AA	Y 22 1972	25B, NAME OF REG	200	SOL KEVINSO		O REISTERSTOWN ROA

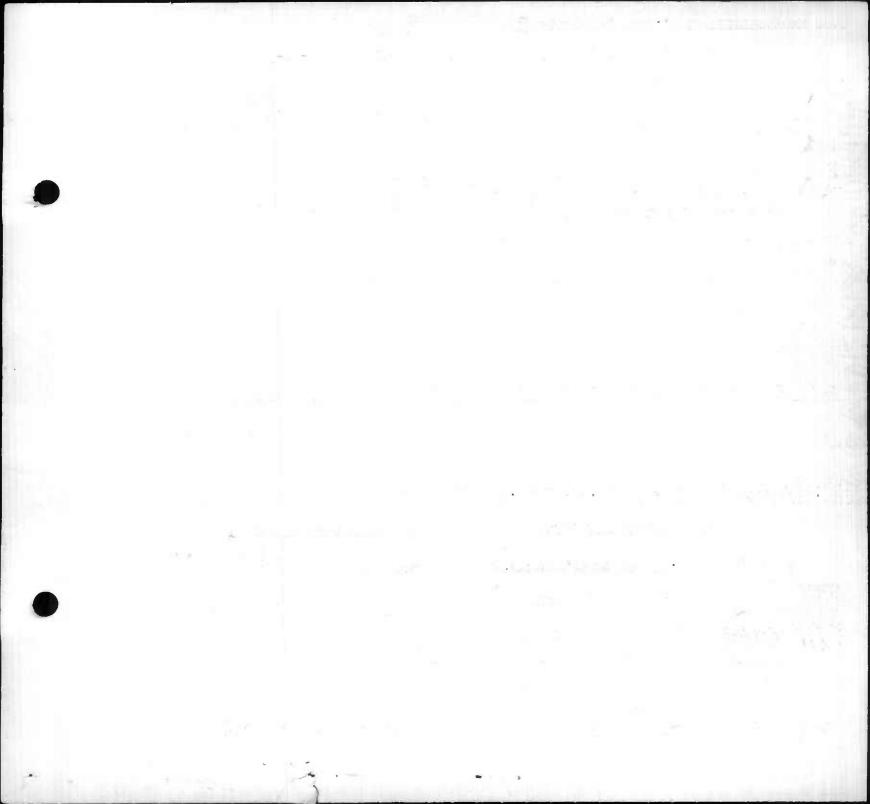
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

1	4-655 TH NO.	72	04818	BALTIMORE CITY CERTIFICA			REG. NO	72	04818
1, 1	NAME OF DECEASED	00		- //			ND HOUR OF DEAT	н	
(1y	pe or Print)	Elsi	e F	· Hern	cani	Ma	y 17, 1972	1	5.301 A M
	PLACE IN BALTIMORE, M				A. STATE	B. COU	ero deceosed lived, If	institution: 16	sidence before odmission)
II H	ILL NAME OF (IF NO DSPITAL OR ADDR STITUTION	T IN HOSPITA	AL OR INSTITU	JTION, GIVE STREET	C. CITY OR TO	LAND	10.18	ISIDE CITY LI	1 0 6 5 Marco
11	TEMPLE GARDEN	ADTC	ADT 20	7.7.		IMORE	D. IN	YES-	NO 🗆
TI.	2601 MADISON		AF1, 20	JSK	E. STREET AN	DNUMBER	ON AVENUE.		
5.	SEX 6. RACE		7. MARRIED	NEVER MARRIED	8. DATE OF BI		9. AGE (In yours		1 Ye, Il Under 24 Hrs.
		ITE .	WIDOWED	DIVORCED	IX KXXXXX	XX	lost birthdoy) 88	Months	Doys Hours Min.
104	USUAL OCCUPATION (Give during most of working lile,	ve kind of work	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLAC	E (Stote or lore	eign country)	12. CITI2	EN OF WHAT COUNTRY?
	HOUSEWIFE	, , , , , , , , , , , , , , , , , , , ,	АТ	HOME	BALTIMO	RE. MAI	RYLAND		USA
13.	FATHER'S NAME			1.01.23	14. MOTHER'S				0011
	HENRY FOX				SADI	E H. SI	PRINGER		
15. (Ye	Woe Deceased Ever in U. s, no or unknown) (It yos, giv	S. Armed Fore	es?	1 6. SOCIAL SECURITY NO.	17. INFORMAN				ADDRESS
	NO			JECORIII NO.	MRS. LE	ROY KAT	77. 2601 MA	DISON A	VE., APT. 307
	184 1014	1		CAUSE OF DEAT		NOT KILL	2, 2002 //4		APPROXIMATE INTERVAL
	DISEASE OR CON		ECTLY		4 1	4-	. 01		ETWEEN ONSET AND DEATH
	(This does not mean the	TO DEATH	dvina aa	(A) IMMEDIATE CAL		myou	ardeal sofa	refun	48 hours.
	heart failure, asthenio, e	Ic. Il means	the disease.	DUE TO, OR AS	Le Consequenc	C. C	- Imeller	(2)	14ears.
	injury or complication w	NT CAUSES	deam./		a -chris	yleadie	us leukomi		Lucars Hy
	DISEASES OR CONDI		atula a	(B)					(om paran they
	rise to the above UNDERLYING CONDITI	cause (A)	stating the	(c)	OF GROWING	essis 3	-		years.
		1							
ATION	OTHER SIGNIFICANT CON TO THE DEATH BUT NOT DISEASE OR CONDITION O	RELATED TO TH	E TERMINAL	arkse	e. C. V. Z	D ~~	-		years.
CERTIFICATION	19A-DATE OF OPERATION	WAS PERF	NTON FOR V	VHICH OPERATION	20A. AUTOP	SY? (Yes or N	ON CERTIFYING C	FINDINGS AUSES OF D	CONSIDERED DE ATH?
MEDICAL CE	21A. ACCIDENT WAS UN OR CONTRIBUTING CA DEATH (notify medicol ox	USE OF	216, homeic.)	PLACE OF INJURY (e.g., I	n or obout 21 C. Vifice bldg., INJUR	HERE DID	(it in Baltim	ore City, give	exoct location)
NED!	21D. TIME (Month) (Doyl (Yeor)	(Houd 21&	INJURY OCCURRED		OW DID IN	IURY OCCUR?		
2	(APPROX.)		Whit	Not While	° 🗆				
	22. I certify that (1) (ti	is hospital)	attended th				1971_to	LAYR7	1972
118	that (1) (we) last saw t	he deceased	fallve on	may 16	1972	ond th		0 1	h occurred an the date
	and hour ond from the	couses state	ed above. (I)	(We) (did) (did not) v	lew the body o	ofter death.			
	Brunese	16.0	/	ma Atte	nding N	led.	Shaff [23B DATE	SIGNED
	23C. PHYSICIAN'S	rever		DEGREE Phys	3D. ADDRESS	irector	Shaff Phys.	5	11711
	NAME (Typel	DEDMA	DD 7 C	- American		יייי די מייי	CTREET		
24A	BURIAL CREMATION, 2	BERNA 48. DATE	RD J. CO	ME of CEMETERY OF CRE			L STREET	City, town, or	county) (Stote)
	REMOVAL (Specily)			TIMORE HEBREW					(21016)
2SA	DURIAL	5/18/72	258.NAME O		2SC. FLINED	AL DIRECTO	ALTIMORE, MA	INI LAND	ADDRESS
	MAY 22 1972	Robert &		C O GSAS				O REIS	TERSTOWN ROAD
VS	150-REV. 1/1/68			6.0	1 3 6	,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		



MAY 2.2 VS 150-REV, 1/1/68

	4-655 BALTIMORE CITY	HEALTH DEPARTMENT
	BIRTH NO. 72 04819 CERTIFICA	TE OF DEATH REG. NO. 72.04819
	1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH
ı	Malle Herman	5-17-72 18,04P.M.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. STATE B. COUNTY A. STATE
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATIONI	Md. DALIO
	Sinai Hospital of Balltimore	C. CITY OR TOWN Baltimore D. (INSIDE CITY LIMITS? YES NO
	× 1 11:	E. STREET AND NUMBER
	Galtimore, Marzizis	1505 Woodholme Ave, Md. 21208
	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years last birthdoy) Months; Doys Hours; Min.
	TEMALE White WIDOWED DIVORCED 102, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY	11. SIRTHPLACE (Stote or loreign country) 12. CITIZEN OF WHAT COUNTRY
	dane during most of working life, even if retired) AT HOME	The children of the country
	13. FATHER'S NAME	BALTIMORE, XXXXXXXX - MD. U.S.A.
	TIWONAM MAMYH KKKKKKKKKKKKKK	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
H	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
	(Yes, no ar unknown) (If yas, give war or dates of sarvice) SECURITY NO.	MRI GERALD H. HERMAN, 1505 WOODHOLME, AVE. #2120
	18. CAUSE OF DEATH	RXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
1	LEADING TO BEATH)	SE Comin.
	(This does not meen the mode of dying, e.g., heart lailure, asthenia, atc. It mens the disease injury or camplication which caused death.)	A CONSEQUENCE OF:
V	ANTECHNENT CAUSES	acalonata Hanting and lating
N		A CONSEQUENCE OF:
	inise to the abave cause (A) stating the UNDERLYING CONDITION last.	
i	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE BEATH BUT NOT RELATED TO THE TERMINAL	exist Compred nearly
	DISEASE OF CONDITION GIVEN IN PART 1 (A). 194-DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION	20A. AUTOPST? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
	OTHERSIGNIFICANT CONDITIONS CONTRIBUTING TO THE SEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN (IN PART 1 (A). 19A. DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING TO THE PRACE OF INVESTOR	IN CERTIFIINO CAUSES OF DEATH?
	OR CONTRIBUTION OF	of should 21 C. WHERE DID III to Religious City who event heather
I	DEATH (notify medical examined)	I COPE Wind I A WAR
	OF INJURY (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURT OCCUR?
	(APPROX.) 6 13 12 P.M. Work At Work	D Slipped & fell on floor.
	22. 1 certify that (1) (this hospital) attended the deceased from	5-13 1972 to 5-17 1972
	that (i) (we) last saw the deceased alive an	19 7 and that in (my) (our) apinion death accurred an the date
	and hour and from the causes stated above. (1) (We) (did) (did not) vi	
	Atter	ading Med. Stoff Stoff 5-(7-72
	23C. PHYSICIAN'S NAME (Typo) 23C. PHYSICIAN'S 24C. PHYSICIAN'S 25C. PHYSICIAN'S 26C. PHYSICIAN'S 27C. PHYSICIAN'S 27C. PHYSICIAN'S 27C. PHYSICIAN'S	3D. ADDRESS
	PRICHA PHATTIGAKIN MAD	Sina Hassilal Balking Many
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CRE	MATORT 24D. LOCATION (City, town, or county) (Stote)
	Date 7.4.	LINGTON) BALTIMORE, MARYLAND
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
	MAY 22 19/2 Consult of Marines, Text	SOL LIVINSON BROS.,6010 REISTERSTOWN ROAD

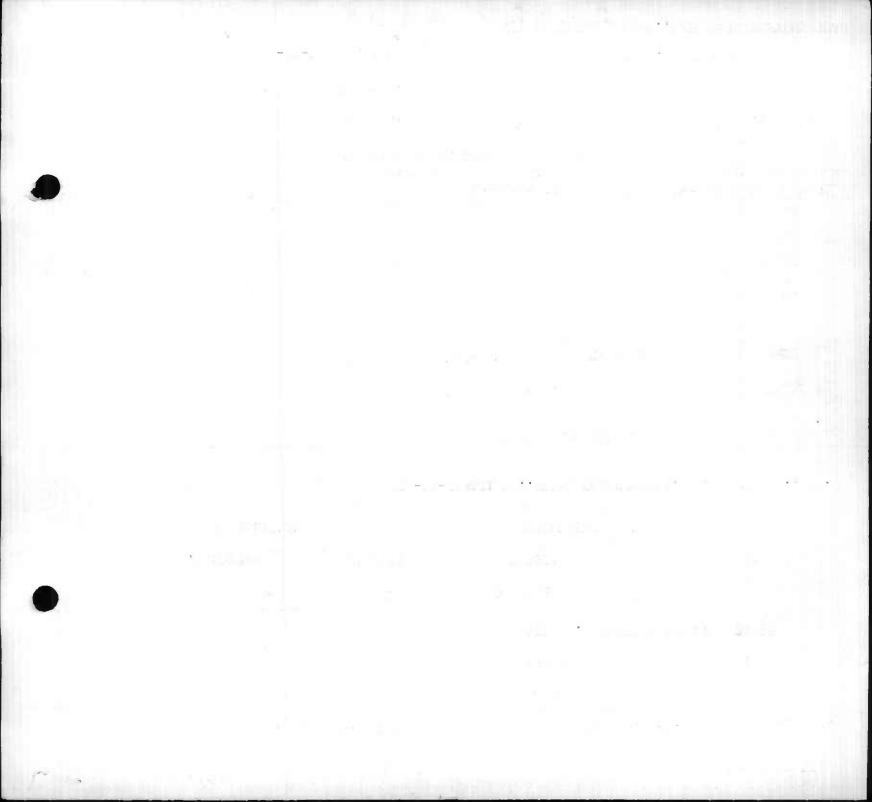


IMPORTANT FUNERAL DIRECTOR:

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are embalmed or final disnociation is made. approved by the chief medical examiner or his assistant if death occurred in a hospital This certificate must be

1	2-423 72 048	BALTIMORE CITY	HEALTH DEPARTMENT		72 04820
BIRT	IH NO.	CERTIFICA	TE OF DEATH	REG. NO	12 01000
1. N.	AME OF DECEASED		2. DATE	AND HOUR OF DEATH	
	BESSIE COLL		May	7 16, 1972	8:45 A. N
	LACE IN BALTIMORE, MARYLAND, WHERE PI	ONOUNCED DEAD	4. USUAL RESIDENCE (W.	here deceased lived. Il in	stitution: residence below odmission
HO INS	LE NAME OF SPITAL OR I ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	MARYLAND c. CITY OR TOWN	D. INSI	DE CITY LIMITS?
	/ LEVINDALE		BALTIMORE E. STREET AND NUMBER		YES X NO
<u> </u>			3326 W. GA	RRISON AVENUE	E # 21 2 1 5
5. SI	WHITE	RIED NEVER MARRIED WED Y DIVORCED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours Min.
10A.	male Human WIDO USUAL OCCUPATION (Give kind of work 10B, KIN		7-25-1885	86	In Circus Of Marie Comment
done	during most of working life, even if retired)	Г НОМЕ	RUSSIA	reign Country)	USA
13. F	ATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
	CHAIM SALTZMAN		NAECHAIMA	?	
15. V (Yes,	Vas Deceased Ever in U. S. Armed Forces? no or unknown) (If yes, give wor or doles of sen		17. INFORMANT		ADDRESS
	ИО			DSCHMITT,641	7 ELRAY DR., APT.C
	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEAT	H		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A) IMMEDIATE CAU	SE MYOCARDIAL IN	FARCTION	DAYS
	1This does not mean the mode of dying, hearl failure, asthenia, etc. II means the dis- injury or complication which caused death.)	E.C.	A CONSEQUENCE OF:	AAMVAAVII	•
	ANTECEDENT CAUSES	DIADETT	C MELLITRIC		THE LOCAL TWO
	DISEASES OR CONDITIONS, if any, gi	(B) DIABETI	ES MELLITUS A CONSEQUENCE OF:		YEARS
	rise to the above cause (A) stoling UNDERLYING CONDITION lost.			CHEMIA	DAYS
NOIL	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERMI	ING NAL			
ICA ICA	DISEASE OR CONDITION GIVEN IN PART 1 (A).	OR WHICH OPERATION	20A. AUTOPSY2 (Yes or h	al 208 IF VEC WESE	INDINGS CONSIDERED
RTI	WAS PERFORMED		NO	IN CERTIFYING CAU	ISES OF DEATH?
	21A. ACCIDENT WAS UNDERLYING DE CONTRIBUTING CAUSE OF DEATH (notily medicol exomined)	218. PLACE OF INJURY (e.g., in home, form, foctory, street, oli etc.)	or about 21 C. WHERE DID fice bidg., INJURY OCCUR?	(if in Boltimore	City, give exoct location)
AED	21D-TIME (Month) (Doy) (Year) (Hour) DF INJURY	21E INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
- ((APPROX)	While At Not While At Work			
2	22. f certify that (N) (this hospital) ottend	ed the deceased from De	cember 13	19 68 to May	16 19 72
t	that (N) (we) fast saw the deceased alive	on May 16	19 <u>72</u> and t	hat in (1557) (aur) apin	ion death occurred on the date
0	and haur and from the causes stated obay	e. XX(We) (did) KAKAKAX) vi	lew the bady after deoth		
2	3A. SIGNATURE				23 B. DATE SIGNED
	Soonelul Hon	OL GREE	Med. Director	Staff Phys.	May 16, 1972
	SOON CHUL HONG	M.D.	LEVINDALE		
24A.	BURIAL CREMATION, 248, DATE 24	C. NAME of CEMETERY of CRE		LOCATION (City	, town, or county? (Stote)
		KOVNA	RC	SEDALE, MARY	

MAY 22 SOL LEVINSON & BROS.,6010 REISTERSTOWN ROAD VS 150-REV. 1/1/68



1 72 04821 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE

MEDICAL	FXAMINER'S	CERTIFICATE	OF DEATH

BIRTH NO.	MLD		.XAMII TER 5 C	LKTIIICATE	OI DEAT	REG. NO	16 U	1001
I. NAME OF DECEAS	LEVAN	CART	ER	2. DATE Known OF DEATH Estimote		Doy	Yeor	our M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION			3. DATE PRONOUNCED DEA	May 1	B, 1972		6:27 A. _{M.}	
00	527 Rossit	er Ave	nue	A. STATE Mary		B. COUNTY	residence belo	7/0
6. SEX 7.	Nogro		NEVER MARRIED	C. CITY OR TOWN	imore	D. INSIDE CIT		
9. DATE OF BIRTH 10/7/47	Negro	WIDOWED yeors H (Under I Yr, II Under 24 Hrs, niths, Doys, Hours, Min.	E. STREET AND NUME		YE	s <u> </u>	
South C	arolina	Ţ	CITIZEN OF WHAT COUNTRY?	Alex Jo	hnson	Avenue		
done during most of working Labore	ing lile, even Il retired)	4B. KIND OF	BUSINESS OR INDUSTRY		cCray			
16. WAS DECEASED I	EVER IN U.S. ARMED	FORCES?	17. SOCIAL SECURITY NO.	18. INFORMANT			DRESS	
yes	Norean		CAUSE OF DEAT	Mrs Helen	McCray,	3501		TOWN KO
(This does not in heart lailure, ast injury or complice ANTE: DISEASES OR (RISE TO THE AB LINDERLYING	R CONDITION DIRECT DING TO DEATH meon the mode of dyl henio, etc. It meons the totion which coused decorated the meons of	ng, e.g., disease, th.) , GIVING ING THE	(B) DUE TO, OR /	AUSE UNDETER				
DISEASE OR CO	BUT NOT RELATED TO	THE TERMINA	R WHICH OPERATION WA	AS PERFORMED				(? (Yes or No)
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., In or about 12C. WHERE DID (II in Boltimore City, give exact location home, form, loctory, street, office bidg., etc.) INJURY OCCUR? 22D. TIME (Month) (Doy) (Yeor) (Hour) 12C. WHERE DID (II in Boltimore City, give exact location home, form, loctory, street, office bidg., etc.) INJURY OCCUR? 22D. TIME (Month) (Doy) (Yeor) (Hour) 12C. WHERE DID (II in Boltimore City, give exact location home, form, loctory, street, office bidg., etc.) INJURY OCCUR? WHILE AT NOT WHILE AT NOT WHILE AT WORK							es	
I certify that i held an Inquiry Inspection Autopsy X and that on this basis, death in my opinion resulted from: Natural couses Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER May 18, 1972 EXAMINER'S Charles S. Springate, M.D. ASSOCIATE MEDICAL EXAMINER May 18, 1972 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (State)							972	
removal sary) 25a. date rec'd by MAY 22 1			E OF REGISTRAR	Cemetry 2sc. FUNERAL D Adolphu		ore, M	DRESS	orth Ave

7-6-1972 - Completion of cause of death on a pending medical examiner death certificate.

Charles S. Springate, M.D.

HRS

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	2-452	70	04822		HEALTH DEPARTMENT		72 04822
Bt	RTH NO.	12	040CK	CERTIFICA	TE OF DEATH	REG. NO	12 010:22
17.	NAME OF DEC	EASED	Da 200 i	sano	2. DATE AN	D HOUR OF DEATH	
1100	ype or Print	hillin for	1min		5	1101-2	1 / 30 0
3.	PLACE IN BAL	TIMORE MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. II i	nstitution: residence before admission)
H	ULL NAME OF OSPITAL OR ISTITUTION	(IF NOT IN HOSPIT	AL OR INSTITU	UTION, GIVE STREET	C, CITY OR TOWN	D INS	SIDE CITY LIMITS?
			. 1	101	Balto	5. 1143	YES NO T
	Bou	Secours	HOST	PITAI	E. STREET AND NUMBER	0	- 1
5	SEX	6. RACE	7:		1819 M	Pratt	ST
	m	W	WIDOWED	NEVER MARRIED		9, AGE (In years lost birthday)	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
				BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of loro	ign country)	12. CITIZEN OF WHAT COUNTRY?
IL	ROOT	working life, even if retired)	Uner	mployed	MARYLAN	10	USA
13.	FATHER'S NA	ME			14. MOTHER'S MAIDEN NA	ME	73.
1	THEOD	ORE PA	LMIS	ANO	AGNES 1	WHEELE	R
(Ye	Was Deceased s, no or unknown	Ever in U. S. Armed For I'll yes, give wer or dete	ces? s of sorvice)	SECURITY NO.	17. INFORMANT		ADDRESS
	18. 5 7 /	91+01	19	CAUSE OF DEATI	1		APPROXIMATE INTERVAL
	DISEAS	SE OR CONDITION DI	ECTLY			1	BETWEEN ONSET AND DEATH
	(This does n	LEADING TO DEATH		(A)IMMEDIATE CAU	SE Deludrott	in	days
	heart failure.	nal mean the mode of asthenia, etc. Il means	the disease.	DUE TO, OR AS	CONSEQUENCE OF:		
		aplication which caused	deam.)	12 1	1 . 161	1.	-11
		ANTECEDENT CAUSES		(B) Jarke	our of Alles	liver	months
	rise to the	OR CONDITIONS, if above cause (A)	slating the	DUE 10, OR AS	A CONSEQUENCE OF:		
	UNDERLYING	G CONDITION last.		(c)	-		
II z		11		0			
ATION	TO THE DEAT	CANT CONDITIONS COINT BUT NOT RELATED TO THE ONDITION GIVEN IN PART	E TERMINAL		ronary Tub	erculous	
ERTIFIC	19A-DATE OF	OPERATION 198 CON	DITION FOR W	VHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
U	21A. ACCIDEN	T WAS UNDERLYING	218, home	PLACE OF INJURY (e.g., ir	or about 21C. WHERE DID	(II In Boltimor	e City, give exect location)
CAL	DEATH (notily	medical examined	etc)				
MEDI	OF INJURY	(Month) (Doy) (Your)		INJURY OCCURRED	21F. HOW DID INJI	URY OCCUR?	
-	(APPROX)		Worl	Not While	· 🗆		
	22. 1 certify	that (1) (this hospital	ottended th	e deceased from	5. 16.72	9to	19 73
		last saw the decease		5.18.71	19and the	at In (my) (aur) opt	nian death occurred on the date
	ond hour and	from the causes stat	ed obove. (1)	(We) (dld) (dld nat) vi	ew the body after death.		
	23A. SIGNATU	RE DA D		/ /2 0			238, DATE SIGNED
		parte 13	withles	DEGREE Phys.	ding Med.	Staff Phys.	118/77
	23C. PHYSICIA NAME (T	MAS PUTCHA	NA BO	en Arakone	3D. ADDRESS		
24/	BURIAL CRE	MATION, 248, DATE	24C, NA	ME of CEMETERY OF CRE	MATORY 24D. LC	CATION (Ci	ly, lown or county) (Stote)
	BULL OF	5/27/4	3 /	a Dotteda	10000	P. it	Chris.
25/	A. DATE REC'D	BY HEALTH DEPT	258 NAME O	F REGISTRAR	25C. FUNERAL DIRECTOR	alumne)	ADDRESS
	MAY 2		8 E. Fall		Volume Trades	Rux Ilm 2	101 Frederick and
VS	150-REV. 1/1/6				Charles orthi	WA //C	Balt. Md. UZZ3

REFER PALMISARY HERES RHEEVER

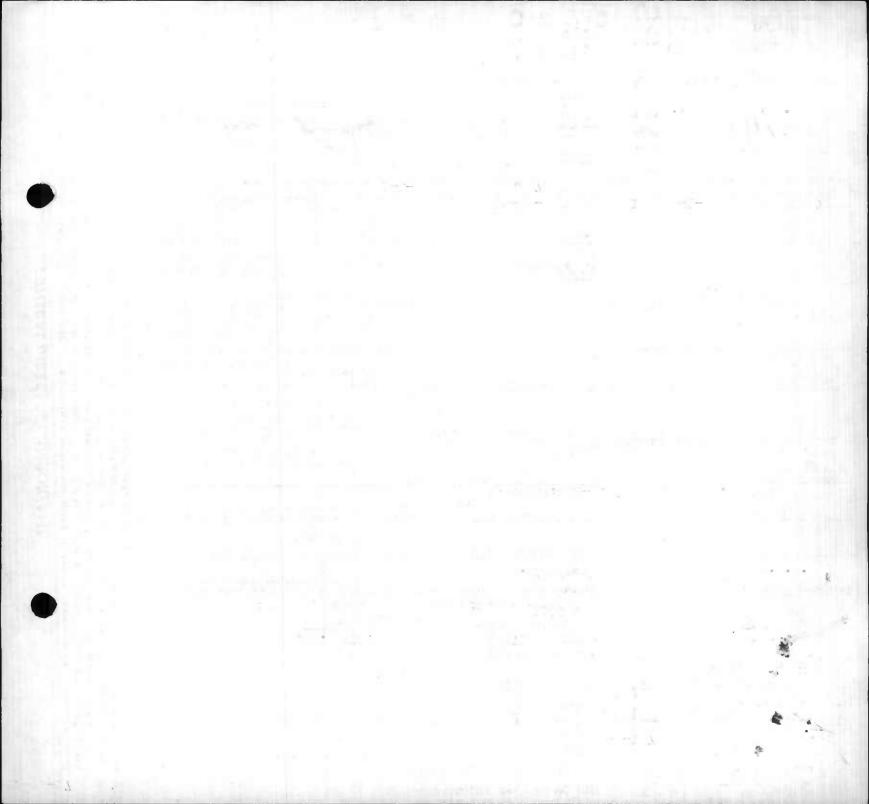
55-2	2-57	sab

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BALTIMORE	CITY	HEALTH	DEPART	MENT
CEDTIEL	CA	TEO	E DE	ATL

/			-	
REG.	NO	12	04	253

1. NAME OF D (Type or Print)							
3. PLACE IN B.		n Jones			ND HOUR OF DEATH	9.15A N	
	ALTIMORE MARYLAND, V			A. USUAL RESIDENCE (Where deceased lived. It institution: residence before admission Maryland Baltimore			
FULL NAME OF HIF NOT IN HOSPITAL OR INSTITUTION, GIVE STI ADDRESS OR LOCATION)				C. CITY OR TOWN D. INSIDE CITY LIMITS?			
21	Baltimore City Hospitals 4940 Eastern Avenue					YES NO 🔼	
01				6715 Thruway 21222			
Baltimore, Md. 21224 SEX 6. RACE 7. MARRIED NEVER MARRIED							
Female	Caucasian	WIDOWED		2-8-1906	lost birthday)	If Under 1 Y., If Under 24 His. Manths Days Hours Min.	
IA. USUAL OC	CUPATION (Give kind at work of working life, even if retired)	108 KIND OF		W. Virginia	eign country)	12. CITIZEN OF WHAT COUNTRY	
3. FATHER'S N	AME			14. MOTHER'S MAIDEN NAME			
	Jero	ome		Florence			
S. Wes Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.				17. INFORMANT ADDRESS			
			N. Landau	Records:BCH-49	40 Eastern	Ave. 21224	
DISEASES rise to 1 UNDERLYIN	not mean the mode of e, ostheria, etc. it means per position which caused ANTECEDENT CAUSES OR CONDITIONS, if the obove cause (A) NG CONDITION lost.	any, giving stating the		A CONSEQUENCE OF:	0 0		
OR CONTRI	ATH BUT NOT RELATED TO TO CONDITION GIVEN IN PAR OF OPERATION 198. CON WAS PERI	HE TERMINAL IT 1 (A). DITION FOR V FORMED	PLACE OF INJURY (e.g., in	YES or about 21 C. WHERE DID	IN CERTIFFING CA	FINDINGS CONSIDERED	
OR CONTRI	ATH BUT NOT RELATED TO TI CONDITION GIVEN IN PAR OF OPERATION 198 CON WAS PERI ENT WAS UNDERLYING BUTING CAUSE OF Ify medical examined	HE TERMINAL T 1 (A). DITION FOR V FORMED 21B. hom etc.)	PLACE OF INJURY (e.g., in e, form, factory, street, of	YES	IN CERTIFFING CA	CUGES OF DEATH?	
OR CONTRI	ATH BUT NOT RELATED TO TI CONDITION GIVEN IN PAR OF OPERATION 198 CON WAS PERI ENT WAS UNDERLYING BUTING T CAUSE OF	HE TERMINAL I 1 (A). DITION FOR V FORMED 218. hom etc.)	PLACE OF INJURY (e.g., ir e, form, factory, street, off INJURY OCCURRED IN At Not While	YES or obout 21 C. WHERE DID ice bldg. INJURY OCCUR? 21F. HOW DID IN.	(II In Baltima	COGES OF DEATHY	
OR CONTRI DEATH (non 21D. TIME OF INJURY (APPROX.) 22. 1 certif	ATH BUT NOT RELATED TO TI CONDITION GIVEN IN PAR OF OPERATION 19B. CON WAS PERI ENT WAS UNDERLYING BUTINO CAUSE OF fy medical examined (Month) (Day) (Yead Ty that (i) (this hospital	HE TERMINAL TO 1 (A). DITION FOR V FORMED 218, hometc.] (Hour) 218, Whi Wor	PLACE OF INJURY (e.g., ir e, form, factory, street, off INJURY OCCURRED Not White At Work deceased from	YES or obout 21C, WHERE DID ice bldg, INJURY OCCUR? 21F. HOW DID IN.	(if in Baltima	re City, give exact location)	
OR CONTRIBUTE OF INJURY (APPROX.) 22. 1 certifithat (i) (we	ATH BUT NOTRELATED TO TI CONDITION GIVEN IN PAR OF OPERATION 19B. CON WAS PERI ENT WAS UNDERLYING BUTINO CAUSE OF fy medical exemined (Month) (Day) (Year) Ty that (I) (this hospital b) lost sow the decease and from the couses state	HE TERMINAL IT 1 (A). DITION FOR Y FORMED 21B, hom etc.) (Hous) 21E, Whi Wor) attended the	PLACE OF INJURY (e.g., ire, form, factory, street, off INJURY OCCURRED A Not While At Work deceased from	YES or obout 21C, WHERE DID ice bldg, INJURY OCCUR? 21F. HOW DID IN.	(if in Baltima	re City, give exact location)	
OR CONTRIBUTE OF INJURY (APPROX.) 22. I certif that (i) (we ond hour o	ATH BUT NOTRELATED TO TI CONDITION GIVEN IN PAR OF OPERATION 19B. CON WAS PERI ENT WAS UNDERLYING BUTINO CAUSE OF fy medical exemined (Month) (Day) (Year) Ty that (I) (this hospital b) lost sow the decease and from the couses state	HE TERMINAL IT 1 (A). DITION FOR Y FORMED 21B, hom etc.) (Hous) 21E, Whi Wor) attended the	PLACE OF INJURY (e.g., ire, form, factory, street, off INJURY OCCURRED Not White At Work the deceased from 5-1-) (We) (did) (did not) vi	YES or obout 21C, WHERE DID ice bidg, INJURY OCCUR? 21F. HOW DID IN. 12-28- 19 72 ond ti ew the body ofter deoth.	(ii in Baltima JURY OCCUR? 19 71 to 5-1- nat in (my) (our) opi	re City, give exact location) 72 Inion death occurred on the date 23B. DATE SIGNED	
TO THE DESCRIPTION OF CONTRIBUTION OF CONTRIBU	ATH BUT NOT RELATED TO TI CONDITION GIVEN IN PAR OF OPERATION 19R CON WAS PERI ENT WAS UNDERLYING ENT WAS UNDERLYING (Month) (Day) (Year) (Month) (Day) (Year) Ty that (I) (this hospital b) lost sow the decease and from the couses state TURE IANTS (Type) Leon Landau REMATION, 1248, DATE	HE TERMINAL IT 1 (A). DITION FOR V FORMED 218, hometc.] (Hour) 21E, Whit Word attended the doller on	PLACE OF INJURY (e.g., ire, form, factory, street, off INJURY OCCURRED At Work At Work deceased from 5-1-) (We) (did) (did not) vi	YES or obout 21C, WHERE DID INJURY OCCUR? 21F. HOW DID IN. 12-28- 19 72 ond the body ofter deoth. Iding Med. Director Direct	(ii in Baltima JURY OCCUR? 19 71 to 5-1: nat in (my) (our) opi Staff Phys. 11 tern Ave., Ba	re City, give exact location) 72 Inion death occurred on the date	



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are embalmed or final disposition is made.

	4-256 72 00	1824		Y HEALTH DEPARTMENT ATE OF DEATH REG. NO.	72 04524			
	ŘÍH NO. NAME OF DECEASED		CLRTITICA	AL OF BLATH	16 010.31			
	ype or Print)	2D 0		2. DATE AND HOUR OF DEA				
3.	HECKN ER, GEORGE C. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD			MAY 15, 1972	11:25 P M.			
	THE IN THE PROPERTY OF THE PRO			A. STATE B. COUNTY	ir institution; residence detore admission)			
FI	OSPIT OF RANGE OF THE NOT IN HOSPITA	L OR INSTITU	TION, GIVE STREET	MARYLAND	2200			
İİN		I'E A	MENDE	CITY OR TOWN D. 1	NSIDE CITY LIMITS?			
1	GOULD CONVALESARIUM		6-12-72	BALTIMORE E. STREET AND NUMBER	YES K NO			
	6116 BELAIR ROAD			1057 UPNOR RD.	* · •			
5.	RALTIMORE MD.	7. 44 4 9 9 1 7 9		8. DATE OF BIRTH 9. AGE (in years				
	MALE CAUC	WIDOWED		10/21/ 1920 1920 10st birthday	Maniha Days Hours Min.			
do	A. USUAL OCCUPATION (Give kind of work ne during most of working life, even il retired)	IOB, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or loreign country)	12. CITIZEN OF WHAT COUNTRY?			
	POLICEMAN			BALTIMORE, MARYLAND	U.S.			
13.	FATHER'S NAME			14. MOTHER'S MAIDEN NAME				
	LOUIS HECKNER			UNKNOWN				
15.	Was Deceased Ever in U. S. Armed Farce sape of unknown! (II yes, give wor or dates	es?	1 6. SOCIAL	17. INFORMANT	ADDRESS			
11.	8/25/42-11/9	15	215-03-8407	WIFE SAME				
-	18. 6 /7 / ()		CAUSE OF DEAT		APPROXIMATE INTERVAL			
	DISEASE OR CONDITION DIRECTLY							
	LEADING TO DEATH (A) IMMEDIATE CAUSE TANNEC (IN house of 3 months)							
	(This does not mean the mode of heart failure, asthenia, etc. It means	dying, e.g.,		A CONSEQUENCE OF:	- U			
	injury or complication which caused	deoth.)		LUNCL				
	ANTECEDENT CAUSES		/R)					
	DISEASES OR CONDITIONS, if	ny, giving	DUE TO, OR AS	A CONSEQUENCE OF:	**************************************			
	rise to the obove couse (A) stating the UNDERLYING CONDITION lost. (C)							
CATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL							
¥	DISEASE OR CONDITION GIVEN IN PART	1 (A).			***************************************			
ERTIFIC	19A DATE OF OPERATION 19B COND	DRMED	VHICH OPERATION	20A. AUTOPSY? (Yos or No.) 20B. IF YES, WEI	RE FINDINGS CONSIDERED CAUSES OF DEATH?			
CALC	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	21 B. homeic.)	e, form, factory, street, of	n or about 21 C. WHERE DID (II In Ballir fice bldg, INJURY OCCUR?	mare City, give exact location)			
IED!	OF INJURY (Month) (Day) (Year)		INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
2	(APPROX.)	Whi	Not While					
	22. I certify that (I) (this hospital) attended the deceased from 199. 19 to May 15							
	that (i) (we) last saw the deceased		may 13	70	apinian death accurred an the date			
	and haur and from the causes stoted abave. (1) (Me) (did) (did not) view the bady after death.							
23A. SIGNATURE 23B. DATE SI								
	House - Wha	L	OEGREE Phys	Med. Staff Director Phys.	May 15/12			
	JAMES E. W	hite	MD	5214 Harbred Road	9. Balfmine 21214			
24.	A BURIAL CREMATION, 248. DATE FEMOVAL (Specify)	24C.NA	ME of CEMETERY OF CRE	MANATOMY BOARD OF	(CM IAWD & County) (State)			
25		SB. NAME O	F REGISTRAR	THE STATE OF THE A	SCHOOL RESS			
	MAY 22 1972 Page 8	Jaka	ACD O	O SECONDILIBE OFFI	L SCHOOL.			
VS	150-REV. 1/1/68		4.0	HOKIUAKY SEKY	CE - BUILD			

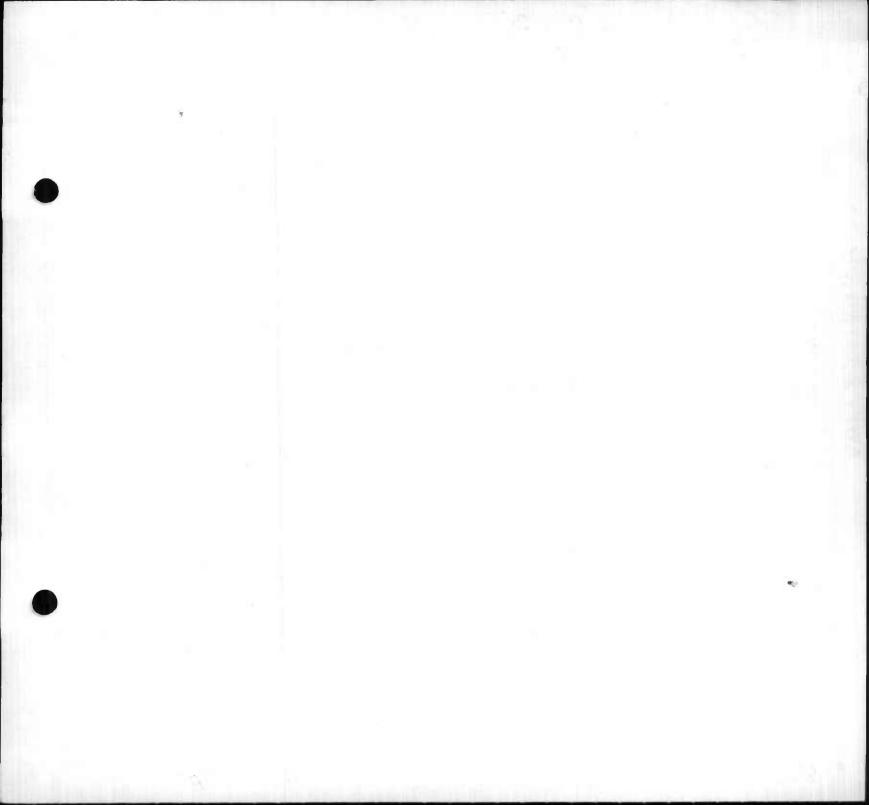
6-12-1972 - Letter from Milton C. Feher, Esquire, 6111 Marglenn Ave., Balto., Md. 21206 change date of birth from 10/21/26 to 10/21/20. Birth Certificate of George Conrad Heckner - C-0052.

SAH

of death Deceased death 0 hospital death. attendance (2) COUSE (4) Undetermined cause; 0 0 prior contributing occurred made. regular deceased disposition death = Was the direct eath 0 final attendance any pronounced 10 or his embalmed fracture of examiner examiner. regular who ale 4 physician the remains chief medical MOS burns; physician (2) Body the 0 before where to the hospital o Z any nature; be obtained (except w approved eath) hospital he body was released must accident ō 0 approval 0 prior at D.O.A. eceased shows: Was

BALTIMORE CITY HEALTH DEPARTMENT 72 04825 CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION ALTIMORE (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) D. INSIDE CITY LIMITS? RACTIMON G YES 🔀 NO E. STREET AND NUMBER BUONU 5. SEX 6. RACE 7. MARRIED NEVER MARRIED Il Under I Ya If Under 24 Hrs. last birthdoy WIDOWED DIVORCED 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or lareign country) 12. CITIZEN OF WHAT COUNTRY? dane during most of working life, even it retired) Paraplegic 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME HYPROT JACOB GERBIG 15. Was Deceased Ever in U. S. Armed Forces? (Yos, no or unknown! (It yes, give wor or dotes at service) 6. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. UKNOWN CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) slating the UNDERLYING CONDITION just 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING rubition - Postologico Fx' TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 19A. DATE OF OPERATION 20A. AUTOPSY? (Yes or No) 20B IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in ar about 21 C. WHERE DID home, form, foctary, street, office bldg., INJURY OCCUR? (If In Baltimore City, give exact location) MEDICAL DEATH Inotify medical examined 21 D. TIME OF INJURY (Month) (Doy) (Year) (Houd 21 & INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While While At IAPPROX. 22. I certify that (i) (this hospital) attended the deceased from that (i) (we) last saw the deceased alive on. and that is (my) (aur) opinion death occurred an the date and have and from the couses stated obove (1) (We) (did) (did not) view the bady after deoth. 238, DATE SIGNED Attending ___ Med. 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) 24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CREMATORY

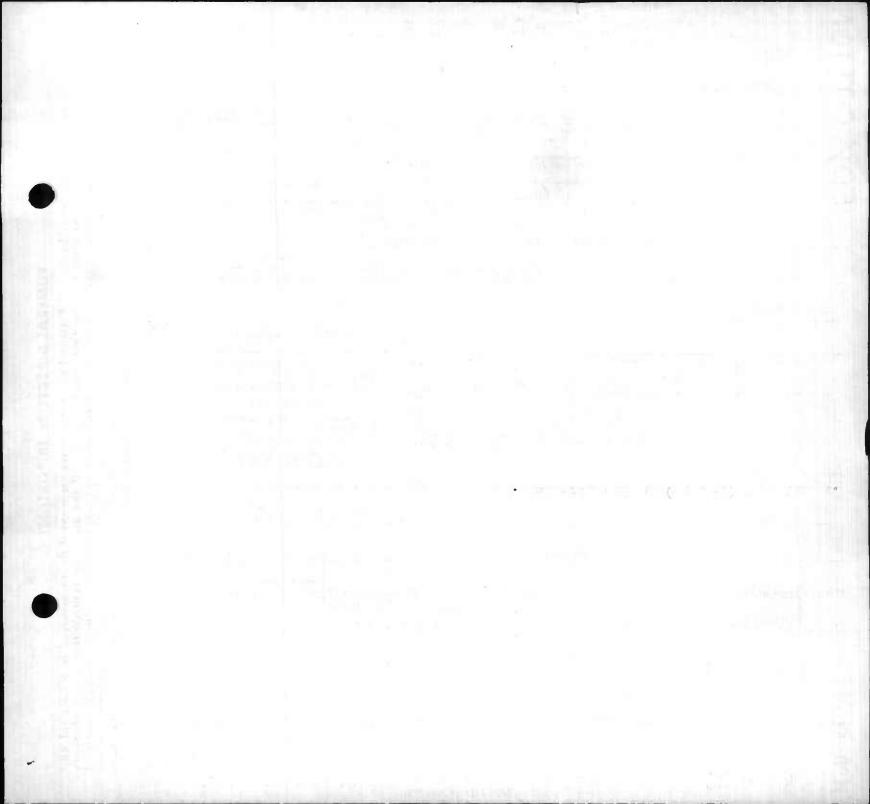
VS 150-REV. 1/1/68



FUNERAL DIRECTOR: IMPORTANT

This corificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are embalmed or final disposition is made.

	BALTIMORE CITY H	EALTH DEPARTMENT
D-5/2 72 04826	CERTIFICAT	E OF DEATH REG. NO. 72 UAS26
I, NAME OF DECEASED	onesson	may 1 72 1/450 N
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED		L USUAL RESIDENCE (Whore deceased lived, II institution: residence before adhission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, ADDRESS OR LOCATION)	GIVE STREET	CITY OR TOWN 1/ - ID. INSIDE CITY LIMITS?
Prowident Hoop		Baltimore YES & NO .
39 From veni 110 p		2/6 Pine Sf.
5. SEX M 6. RACE NO 7. MARRIED NEV	ZER MARRIED [2] 8. DIVORCED [DATE OF BIRTH 10-6-25 9. AGE (In years 1/7) If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSIN done during most of working life, even if refired)	ESS OR INDUSTRY IT	BIRTHPLACE ISlate or foreign country) 12. CITIZEN OF WHAT COUNTRY Orth Carolina USA
13. FATHER'S NAME	14	MOTHER'S MAIDEN NAME
15, Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown! UI yes, give war or dates of service) \$20	CIAL 17	INFORMANT ADDRESS
		Mr. Herbert Donelson (Brother) 216 Pine St.
18.303.21	AUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	maln	white de hydration
LEADING TO DEATH (This does not mean the mode of dying, e.g.,	(A) IMMEDIATE CAUSE	ONSEQUENCE OF:
heart failure, astheria, etc. It means the disease, injury or complication which caused death.)	DUE 10, OR AS A C	CONSEQUENCE OF
ANTECEDENT CAUSES	Chris	mic alcohousm.
DISEASES OR CONDITIONS, If any, giving	(B)	CONSEQUENCE OF:
use to the above cause (A) stating the		
UNDERLYING CONDITION last.	(c)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
17A-DATE OF OPERATION 17B CONDITION FOR WHICH WAS PERFORMED	OPERATION	20A AUTOPSY? (Yes of No.) 20B. IP YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
O 121A. ACCIDENT WAS UNDERLYING 121 121 E. PLACE	OF INJURY (e.g., in a foctory, street, office	or about 21 C. WHERE DID (It in Boltimore City, give exact location) e bidg. INJURY OCCUR?
21D. YIME (Month) (Day) (Year) (Hour) 21& INJUR	Y OCCURRED	215 HOW DID INJURY OCCUR?
(APPROXI	Not While I	
22. I certify that (I) (this hospital) attended the dec	CHACK HOILI STREET	April 27 19 72 to May 1 19 72
that (1) (we) last saw the deceased alive on	Tay 1	19 and that in (my) (aur) apinion death occurred an the dat
and hour and from the causes stated above. (1) (We)	(did not) vie	
23A. SIGNATURE		23B, DATE SIGNED
4. Chilippee	DEGREE Phys.	ling Med. Stoff May 1, 72
23C. PHYSICIAN'S V. Chitraple	DEGREE	D. ADDRESS Promdent tomatal
24A. BURIAL CREMATION, 24B. DATE 24C.MAME of	CEMETERY OF CREM	ATORIA 10 17 240 MOGATION OF (City, form or forhity) (State)
REMOVAL (Specify) 5-18-72		HALLO CITY MEDICAL SCHOOL
25A. DATE REC'D BY HEALTH DEPT25B. NAME OF REGI	STRAR	25C/FUNERAL DIRECTOR
UNVOO TOPO Pales E Jacker M. D.	0 0 0	ACOPTOLARY ISERVICE - BUILD
V3 150-REV. 1/1/68		



by the chief medical examiner or his assistant if dear

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	M-460				HEALTH DEPARTMENT	REG. NO. 72	04900
BII	RTH NO.	72 04	827	CERTIFICA	TE OF DEATH	REG. NO.	04027
	PR OF DECEASED				2. DATE AN	D HOUR OF DEATH	40
	Miller Win	ne			may	17,1972	850 pm.
3,	FLACE IN BALTIMORE, MARY	LAND, WHERE	FRONO UN CEL	DEAD	4. USUAL RESIDENCE IWA	e deceosed lived, If institution TY	residence before admission)
IN	SILLULION		R INSTITUTION,		C. CITY OR TOWN	D. INSIDE CIT	Y LIMITS?
G	reorge Washi	ngTON.	Nursing	Home	Baltimore E. STREET AND NUMBER	YES	NO [
6	07 PENNSIYA	NIAHAN	re		2725 Edm	ONSON AV	•
5.	SEX 6. RACE	7. M.	ARRIED NE	VER MARRIED	8. DATE OF BIRTH		nder 1 Yr. If Under 24 Hrs.
	Female Negs	O WIE	OOWED	DIVORCED	2/24/01	nlurs.	hs Days Hours Min.
do	LUSUAL OCCUPATION (Give kine during most of working life, even	nd of work 108, I	KIND OF BUSIN	IESS OR INDUSTRY	11. BIRTHPLACE (State or foreign		TIZEN OF WHAT COUNTRY?
5	eamtress				Columbia Ca		1.8.
13.	FATHER'S NAME				14. MOTHER'S MAIDEN NAM	AE	
1	erry Miller				James		
15. (Ye	Woe Deceased Ever in U. S. A s,no or unknown) (If yes, give wo	rmed Forces? or or doles of s	service) 1 6. SC	CIAL CURITY NO.	17. INFORMANT		ADDRESS
L			214	-56-6862-	Chart		
	18.4/2.21			CAUSE OF DEATI	GANGREN	16	APPROXIMATE INTERVAL
	DISEASE OR CONDIT		.Υ		PIGHT	146	9-10M25
	This does not mean the r	mode of dying	g, e.g.,	DUE TO, OR AS	CONSEQUENCE OF:	200	1 /0/00
	heorf failure, asthenio, etc. I injury or complication which	t meons the d	lisease, 1.)	RIGH	1 CCREB	RAL STO	,
	ANTECEDENT	CAUSES		(a) ART	ERY THRON	162515)	5
-	DISEASES OR CONDITION	NS, if any,	giving	DUE TO, OR AS	A CONSEQUENCE OF:		*********************
	UNDERLYING CONDITION	last	ng ine	(c) 419	2007		
-	11			/7	4 11	12.	
ATIO	OTHER SIGNIFICANT CONDITION THE DEATH BUT NOT RELA DISEASE OR CONDITION GIVE	TED TO THE TER	MINAL	Cong	Estent De	earl tack	re
CERTIFICATION	0	VAS FERFORMI	N FOR WHICH	OPERATION (20A- AUTOPSY? (Yes or No)	208, IF YES, WERE FINDING IN CERTIFYING CAUSES O	GS CONSIDERED F DEATH?
MEDICAL C	21A. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE DEATH (notify medical examine	LYING OF	21B. FLACE home, form elc.)	OF INJURY (e.g., Ir , foctory, street, of	ice bldg., INJURY OCCUR?	(If in Boltimore City,	give exect location)
AEDI	21 D. TIME Month! (Doy) OF INJURY	Yearl (Hou		Y OCCURRED	21F. HOW DID INJU	IRY OCCUR?	
-	(APPROXI		While At [Not White		A	1000
	22, I certify that (1) fthis I		11.41.0	eased from	TARREN 10 1	1210 1999	1/19/6
	thos (1) (we) lost saw the		-00	Fry 15	19 2 ond the	t in my (aur) opinion de	oth occurred on the dote
	and have and from the cour	ses stoted ob	ove (I) (We)	(did) (did not) vi	ew the body ofter death,		
	23A, IGNATURE	of h	Traffy	W Atter	nding D Med. S	23B. D	ATE SIGNED
4	23C.PHYSICIAN'S	77	/	DEGREE Phys		hys. 🗆 🤳	-//-
	NAME (Typel		/		ANIA TO 934, W.	NorthAvenu	AVE IND
24/	L BURIAL CREMATION 24B.	hard F	Tyson 124C, NAME of		B AND A A A BUY MA	Acadorina	RYLAND
	REMOVAL ISpecify	18-72		,	UNIVERSITY	MEDICAL SI	C.FGOL.
25/	DATE REC'D BY HEALTH DE	11.0 A 258. 1	HAME OF REGI		25C NO PERSETTE RESTRE	CEDVICE	B Capaca
Ve	MAY 22 13/2 U	Water or	9	. () ()	" and rear	SERVICE -	DAMA
. 3							

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BALTIMORE	CITY	HEALTH	DEPARTMENT
DUCTIONE	C111	110,20111	DEL WILLIAM

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		16	U.	I	0	Con	
(EG.	NO.	 		_		_	_

BIRT	CERTIFICA	ATE OF DEATH REG. N	0
1. N.	AME OF DECEASED JOHN W. OLIVER	2. DATE AND HOUR OF D	EATH Q58 A M
FUL	LL NAME OF STREET ADDRESS OR LOCATION ADDRESS OR LOCATION ADDRESS OR LOCATION ADDRESS OR LOCATION ADDRESS OR LOCATION AVERAGE.	C. CITY OR TOWN E. STREET AND NUMBER CALLOULTON	O. INSIDE CITY LIMITS? YES NO
5. S	Tale NEGHO NEGRO NEVER MARRIED NEVER MARRIED NEVER MARRIED	1 22 1/0/12 Hotel Dillings	Months Doys Hours Min.
done	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRESS OF INDUSTRESS	11. BIRTHPLACE (State of foreign country) A 14. MOTHER'S MAIDEN NAME	12 CITIZEN OF WHAT COUNTRY?
15, V	Wes Deceased Ever in U. S. Armed Forces? , no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT 4940 Easter BCH-Records - Baltimore	ern Avenue DDRESS , Maryland 21224
	heart failure, astheria, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES	ETASTATIC Caranamas	ment 3-4 man rus
ERTIFICA	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) 21B-PLACE OF INJURY 10-09 home, form, factory, sheet, etc.)	in or about 21C. WHERE DID (If in B	WERE FINDINGS CONSIDERED IG CAUSES OF DEATH? Soltimore City, give exact location)
ME	210. TIME IMonth) (Doy) (Year) (Hour 21E INJURY OCCURRED OF INJURY (APPROX.) Not Work Not Work 22. I certify that (Withis hospital) attended the deceased from	May 19 19 20 to 19 22 to and that in (pry) (ou	May 21 19 72 or) opinion death occurred on the date
	23 C. PHYSICIAN'S NAME (Type)	Med. Stoff Phys. 23D. ADDRESS 4940 Nastern	
24A			(City, town, or county) (State) ADDRESS (70/ HUREMS

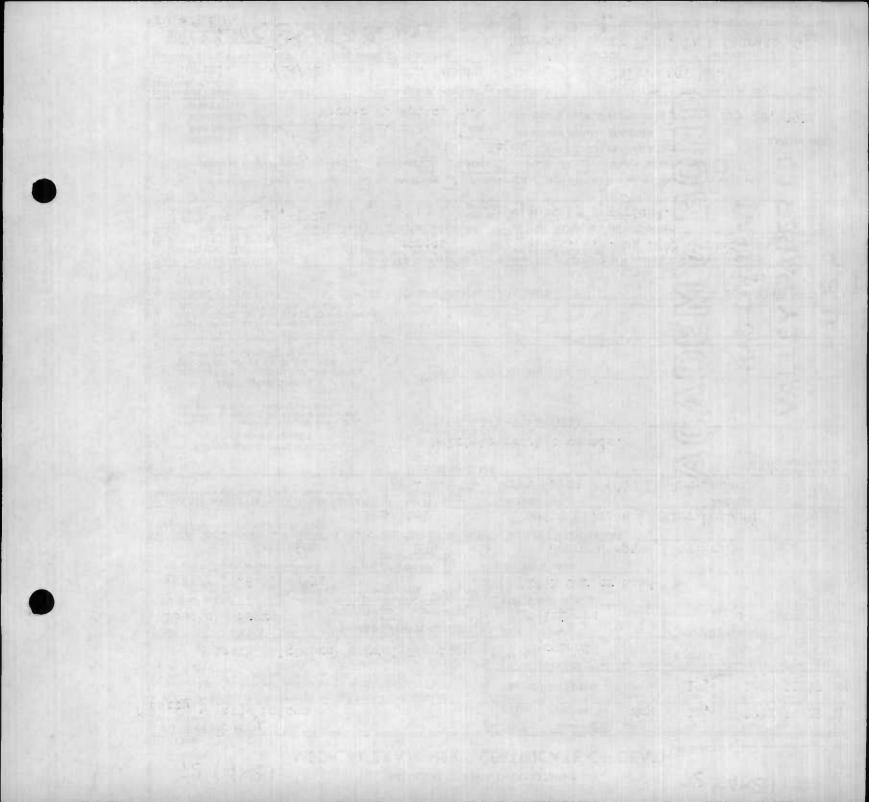
Many Mar ID - M Welst Welst D Lybris Crusal guilay Shirt TO MALKE BOWN SOM YOU CACACALTER AVE Promote City Harpidado.

BALTIMORE CITY HEALTH DEPARTMENT

72 04829

MEDICAL EX	XAMINER'S	CERTIFICATE	OF DEATH
------------	-----------	-------------	----------

BIRTH NO.	MINIALKS	LKIIIIC	ATE OF	DEATH	REG. NO		
1. NAME OF DECEASED		2. DATE	Known 🔯	Month	Day	Year Ho	ur
Betty Betty Holton	OF DEATH	Estimated 🔲	May	19,	1972	11:27 PM	
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNG FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, O HOSPITAL ADDRESS OR LOCATION)		3. DATE PRONOUN	ICED DEAD	Manth May	19,	1972 Ho	11:27 PM
South Baltimore General	Hospital	5. USUAL RES A. STATE Mar	yland		d. If Institution: re	sidence before	maission)
6. SEX 7. RACE 8. MARRIED N	EVER MARRIED	C. CITY OR T		[0	. INSIDE CITY	LIMITS?	Gr. Gr.
Female Negro WIDOWED	DIVORCED [Ba1	timore		YES (No No	
	Yr. If Under 24 Hrs.	E. STREET AN	D NUMBER 3 Carver	Road			
South Carolina t2. CITIZI WHAT	EN OF COUNTRY?	13. FATHER'S	NAME Jerry Ha	rps (Foster)		
14A.USUAL OCCUPATION (Give kind al work 14B. KIND OF BUSII done during most of working lile, even If retired)	NESS OR INDUSTRY	15. MOTHER'S	MAIDEN NAM	AE 3			
Nurse Hospi		Eloui	se Ellis	on (Fos	ter Moth	er)	
(Yes, no or unknown)((If yes, give war ar dates of service)	SOCIAL SECURITY NO.	18. INFORMA			ADD		
no 22	0-36-5006	Jerry H	arps 3	010 La	Rue Squa		
19. £965X1	CAUSE OF DEAT	тн					IMATE INTERVAL DISET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Multipl (A)IMMEDIATE C		t wounds	•			
(This daes nat meon the made of dying, e.g., heart failure, osthenta, etc. It meons the disease, tnjury or complication which caused death.)		AS A CONSEQUE	NCE OF:			***********	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) DUE TO, OR A	AS A CONSEQU	ENCE OF:				PE 5550 - 50
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICE							
DISEASE OR CONDITION GIVEN IN PART I (A).							
	CH OPERATION WA	S PERFORMED			21	yes	(Yes ar Na)
22A. EXTERNAL CAUSE WAS UNDERLYING SOR CONTRIB- UTING CAUSE OF DEATH. 22B. PLACE home, form	E OF INJURY(e.g., foctory, street, allice treet	in ar obaut 220 bldg., etc.)	WHERE DID (I		3 Carver		2563
OF INJURY 5 19, 1972 ? WHILE MORK	AT NOT AT W	WHILE ET Sho	t by boy				
23.			and that on th	is basis, de	ath in my opi	inion	
resulted frame Natural causes Accide		e Ham	cide 🔽 U	Indetermine	d manner		
ACTUAL SIGNATURE	M.D.	ACCICT	IEF MEDICAL EX			DATE	E SIGNED
NAME (Type)	pitz, M.D.		ATE MEDICAL EX	(AMINER [] Ma	ay 20,	1972
REMOVAL (Specify)	Mt. Auburn	ar CREMATORY		ocation altimor	(City, lown, or	caunty)	(State)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF R		25C F111	VERAL DIRECTO		ADDR	PECC	
MAY 22 1972 Paber & Jack	1 0		on & Dyet				St.
VS 151-REV. 1/1/68		3 5	1				



VS IS1-REV. 1/1/68

5-562

BIRTH NO.	ME	DICAL	EX.	AMINER'S	CERTIFI	CATE OF	DEAT	TH REG. NO	D		
. NAME OF DEC	EASED				12. DATE	Known 2020	Month	Dov	Year	Hour	
Type or Print)	James E.	Summer	rs		OF	Estimoted	5	19	72	- (
PLACE IN BAL	TIMORE, MARYLAND			NCED DEAD	3. DATE		Month	Doy	Yeor	Hour	М.
FULL NAME OF	(IF NOT IN HOSE ADDRESS OR LO	PITAL OR INS			PRONO	JNCED DEAD	5	19	72	11:	М.
OR INSTITUTION	2535 Brook	field A	Avenu	ie	5. USUAL R A. STATE	ESIDENCE (Where	deceased	lived. If instituti B. COUNTY		30	sion)
S. SEX	7. RACE	B. MARR	IED X	NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE	CITY LIMITS?		
male	Negro	WIDOV	VED 🗌	DIVORCED [Ba	lto.		1000	YES 🗌	NO 🗆	
5-14-25	H 10.AGE		If Under Months	T Yr, If Under 24 Hrs. Doys Hours Min.		535 Brooks	field	Avenue			
	state or foreign country		12. CITI	ZEN OF	13. FATHER					-	
Lexing	ton, S. C.		WH.	AT COUNTRY?	E	arley Summ		17.79	Hah		
	PATION (Give kind of wo		OF BUS	SINESS OR INDUSTR	IS. MOTHE	R'S MAIDEN NA!	WE				
		Gas	S & E	lectric Co	. Ui	nknown					
	ED EVER IN U.S. ARM			SOCIAL SECURITY NO.	18. INFOR	TNAN			ADDRESS	1000	
Yes	(If yes, give wor or dot	-20-45	25	1-32-3604	Annet	te Summers	5	1631 W.	Lexin	ton S	treet
19.	10			CAUSE OF DEA			1-7-		A	PPROXIMATE IN	TERVAL
	E OR CONDITION DI	RECTLY		Fatty	metamo	rphosis of	f live	er	1001	VELLY CHOLLY A	IND DEATH
	LEADING TO DEATH	distant a m		(A)IMMEDIATE							
heart failure	ot mean the mode of , osthenia, etc. It means	the diseose,		DUE TO, OR	AS A CONSEG	UENCE OF:					
injury or cor	nplication which caused	deoth.)									
AI	NTECEDENT CAUSES			(R)							
	OR CONDITIONS, IF A			DUE TO, OR	AS A CONSE	QUENCE OF:		***************************************			
	E ABOVE CAUSE (A) S			4 1.							
2				(c)							
OTHER SIGN	III	CONTRIBLE	TINIC								
O THE DE	ITFICANT CONDITIONS ATH BUT NOT RELATED CONDITION GIVEN IN	TO THE TERM	INAL	**************************************							
20A. DATE OF	F OPERATION 208. C			IICH OPERATION W	AS PERFORM	NED			21. AUTO	OPSY? (Yes	or No)
0 2 /										yes	
₹ 22A. FXTER	NAL CAUSE WAS		22R DI A	CE OF INJURY(e.g.	in or about 1	2C WHERE DID	(It in Boltim	are City give a	vost location)	,,,,	
UNDERLYING	OR CONTRIB-		home, fo	rm, foctory, street, offi	ce bldg., etc.)	NJURY OCCUR?	(ii in bosim	ore Ciry, give e	exocrioconon		
22D. TIME OF INJURY	(Month) (Doy) (Y	'ear) (Hou	r) 22E.	INJURY OCCURRED	2	2F. HOW DID IN	JURY OC	UR?			
(APPROX.)			m. WHIL		T WHILE WORK						
23.			m.j won		WORK L						
I cert	ify that I held on	Inquiry [_ Ir	nspection 🗌 🗛	utopsy XX	and that on t	his basis	, deoth in m	y oplnion		
resul	ted from: Natural c	auses (X	Acci	ident Suici	de H	amicide	Undeterm	ined manner			
	7	//				CHIEF MEDICAL E					
ACTUAL	XI.	.1/11	71	1000		STANT MEDICAL		TEPIUS		DATE SIG	NED
SIGNAT		gre	JVC	M.	D.					5/19	172
EXAMIN		1pkov1	c, M.	.D.	ASSC	CIATE MEDICAL E	EXAMINER			3,10	,
24A. BURIAL CRE			24C P	NAME of CEMETERY	or CREMATO	DRY 124D	LOCATIO	N (City to	wn, or county	r) (Sto	nte)
REMOVAL (Speci			140.1	THE OF CEMETER !	J. CREMINI	240.	LUCANO	(Спу, 10		, (510	/
Burial	5-26	-72	St.	Paul Ceme	terv	-	Lexi	ngton,	South	Caroli	na
2SA. DATE REC'D	BY HEALTH DEPT.			REGISTRAR	25C.	FUNERAL DIRECT	OR	-	ADDRESS		
MAY 22	13/2 Vabe	B E. 40	Ben	ACD.	Ma	rton & Dve	++ F	H 170	11 Laur	one St	

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FUNERAL DIRECTOR: IMPORTANT

]	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH	reg. no. 72 04831
= 5 T.	1. NAME OF DECEASED 1. NAME OF DECEASED 1. Type or Print OZELL FLOWERS 2. DATE AND HOUSE	R OF DEATH 955
ior to death	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR BALTIMORE BALTIMORE E. STREET AND NUMBER	D. INSIDE CITY LIMITS? YES NO
n is m	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE 10. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of foreign count done during most of working life, even if retired)	In years If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
p eqt	Chauffuer Transfer Emmanuel Co., Ga. 13. FATHER'S NAME Joseph Flowers Light Mother's Maiden Name Ellen	USA
duce on	15. Wes Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) Uf yes, give wor or dates of service) No 16. SOCIAL SECURITY NO. 254-05-5232 Raymond Flowers, Jr. CAUSE OF DEATH	7 N. Mount St.
an was in regular attend remains are embalmed or	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc., it means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	FARCTION HOURS
o physicid efore the		YES, WERE FINDINGS CONSIDERED RTIFYING CAUSES OF DEATH?
d befor	OR CONTRIBUTINO CAUSE OF home, form, factory, street, office bldg. INJURY OCCUR? DEATH (notify medical examine) 21D. TIME (Month) (Day) (Year) (Hourd 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCURRED 5 INJURY OCCURRED 21F, HOW DID INJURY OCCURRED	(If In Baltimare City, give exact location)
prior to death); and sproval must be obtain	22. I certify that (I) (this hospital) attended the deceased fram 5-6 1972 that (I) (we) last saw the deceased alive an 5-16 19 2 and that In (m) ond hour and fram the couses stoted above. (I) (We) (did) (did not) view the body after death. 23A, SIGNATURE 23A, SIGNATURE 23C, PHYSICIAN'S NAME INDEX 23D, ADDRESS NAME INDEX 23D, ADDRESS NAME INDEX 2025 W. FAYE I	(aur) opinion death accurred on the dote 238. DATE SIGNED 5-16-72 TE St. BALTO, MD.
ten a	24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION Burial 5/20/72 Mt. Auburn Baltimo	ore, Md. 701 Laurens St. Address
	VS 150-REV. 1/1/68	4141/

own, or county) Morton & Dyett 1701 Laurens St. ADDRESS 21217 PM.

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RAITIMODE CITY HEALTH DEPARTMENT

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SED TIEL	01	0		

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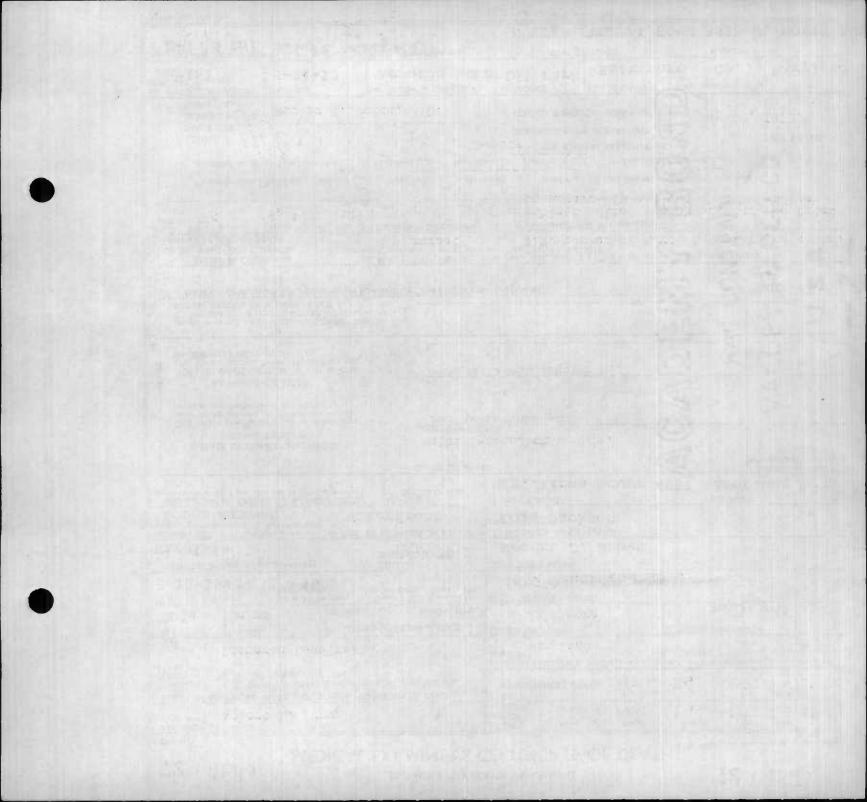
BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO	72 01000
1. NAME OF DECEASED (Type or Print) Hings	George	4	D HOUR OF DEATH	1 41 26 0
3. PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If ins	titution: residence before admission)
FULL NAME OF HOSPITAL OR ADDRESS OR LOCAL INSTITUTION	L OR INSTITUTION, GIVE STREET	Md, c. CITY OR TOWN	D. INSIE	DE CITY LIMITS?
9 Montebello Sta Balto, Md. 2121	ata Hospital	Baltimore E. STREET AND NUMBER		YES NO
			Grove S	7.
Male Negro	7- MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	3-11-12	ost birthdoy)	If Under 1 Ys. II Under 24 His. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	IOB, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE IStote or (orei	gn country)	12. CITIZEN OF WHAT COUNTRY
Musician	Band	Maryland		U.S.A.
JAMES)	tines	14. MOTHER'S MAIDEN NAM		
15. Was Deceased Ever in U. S. Armed Forc	es? 1 6. SOCIAL	17. INFORMANT	ing	ADDRESS
Unkación 1943 – 19	45 212-12-3014		FINES - /	A
18./62//	CAUSE OF DEAT		IE LUNG	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRI	ECTLY	METASTATIC INV	OLGENENT OF	Eter DIAGNOSEA
(This does not mean the mode of heart loiture, asthenia, etc. It means	dying, e.g., (A) IMMEDIATE CAU	A CONSEQUENCE OF:	the CORA	5 months.
injury or complication which caused	death.)			
ANTECEDENT CAUSES	/m\			
DISEASES OR CONDITIONS, if a	ny, giving DUE TO, OR AS	A CONSEQUENCE OF:		*********
underlying condition last.	stating the (C)	***************************************		
_ 11	HYPE	RTENSIVE N	SEARE	NOT ESTABLIS
OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART	1 (A).	RTENSIVE DI LESRHATION	OF THE J	PINE CONGENIA
19A DATE OF OPERATION 19B COND 1/2/72 //2.8/72 U 21A ACCIDENT WAS UNDERLYING	ORMED A U MALESCHATIS SESPINEIREM. epider	elarst.	208 IF YES, WERE FILL IN CERTIFYING CAUSE	NDINGS CONSIDERED SES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	21& PLACE OF INJURY (e.g., li homo, form, foctory, sireet, of elc.)	or obout 21 C. WHERE DID	(II In Baltimore	City, give exact location)
21D. TIME (Month) (Doy) (Yeot) OF INJURY	(Hour 21 E INJURY OCCURRED	21 F. HOW DID INJU	RY OCCUR?	
(APPROX)	White At Work Not White	0		
22. I certify that (9 (this hospital)		2 arch 1 19	72 to 6 a	1 20 19 72
that (f) (we) last saw the deceased	alive on kay 20, 30			an death occurred on the date
and haur and fram the sauses state	d abave, (1) (We) (did) (did not) v			an again addated on the core
23A. SIGNATURE]2	3R DATE SIGNED
Theyan	DEGREE Phys	nding Med. S	hoff hys.	May 20, 72
NAME (Type) JULY O FR		ADNTERELLO		SPITAL.
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME OF CEMETERY OF CRE 12 PRBUTUS		CATION (City,	town, or county) (Slote)
BURIAL STATE	SB. WANK OF PART BEAR	25C, FUNERAL DIRECTOR	A 1+0,	ADDRESS
MAY 22 BIZ Vabers	7 2 0 0	HOBTOW 7	Due TI	1701 LAURENS
/S 150-REV. 1/1/68		The Al	Jye II	I WHUKENS

JAMES HINES YES 1943-1945 MATILDA HINES - 1710 Poplar Giove

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'	S	CERTIFICA	TE	OF	DEATH.	n:
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B-650	1 1 14 131.71.7	CERTIFICATE OF DEATH REG. NO.			
	1. NAME OF DECEASED (Type or Print) Robert L. Brown 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	2. DATE Known			
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Lutheran Hospital	5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) A. STATE Maryland B. COUNTY			
	6. SEX 7. RACE 8. MARRIED NEVER MARRIED Male Negro WIDOWED DIVORCED P. DATE OF BIRTH 10. AGE (in years If Under 1 Yr. Il Under 24 Hrs.	C. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS? YES NO			
	2-18-1942 lost blothday) Months Days Hours Min. 11. BIRTHPLACE(State or foreign country) 12. CITIZEN OF	4657 Manordene Road			
	Virginia 14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR done during most of working life, even if retired) Longshoreman WHAT SQUNTRY? WHAT SQUNTRY? WHAT SQUNTRY? WHAT SQUNTRY? WHAT SQUNTRY? WHAT SQUNTRY?	Robert C. Brown 15. MOTHER'S MAIDEN NAME Lola Jackson			
	16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service) NO 19. CAUSE OF DEA	Mrs, Linda Brown 4657 Manordene Road			
	DISEASE OR CONDITION DIRECTLY Multiple LEADING TO DEATH (A)IMMEDIATE (C)	gunshot wounds.			
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST	AS A CONSEQUENCE OF:			
	C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	A.C. De De Control			
		In or obout 22C. WHERE DID (II in Boltimore City, give exact location) AUTOPSY? (Yes or No) Yes		UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) (22E, INJURY OCCURRED OF INJURY 5 19, 1972 9:06 WHILE AT WORK AT W	while subject pulled gun on officer who tried to arrest him and was shot by officer
	resulted from Natural couses Accident Sulcid	Deputy CHIEF MEDICAL EXAMINER & DATE SIGNED			
	24A. BURIAL CREMATION. REMOVAL (Specify) 5-24-72 Arbutus Mem	norial Park Baltimore Co., Maryland			
	25A. AAR RES DE MAN DE DE SE DIA DE SE STRAR VS 151-REV. 1/1/68	NUTTER FUNERAL HOME 3035 W. NORTH AV			



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such a hospital and This certificate must be approved by the chief medical examiner or his assistant if death occurred in written approval must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

VS 150-REV. 1/1/68

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-	1755	004	

BALTIMORE CITY HEALTH DEPARTMENT

		70)	().1	N	34
REG.	NO.	16	13.8	0	9 3

NAME OF D	CCCACCO				
Type or Print)				HOUR OF DEATH	
3. PLACE IN I	Bailey, Margaret C	RONOUNCED DEAD	May 18	1972 deceased lived. If institutions r	6:45a M
			A. STATE B. COUNTY		1400
FULL NAME (HOSPITAL OR INSTITUTION	OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	Maryland c. City Or town	D. INSIDE CITY L	MATES.
Name non	Provident Hosp	ital, Inc.	Baltimore	YES T	NO
30	2600 Liberty H	_	E. STREET AND NUMBER	100	
9	Baltimore, Md.	21215	1515 Druid Hill	1000	
SEX	6. RACE 7. MAI	RRIED NEVER MARRIED	8. DATE OF BIRTH 9.	AGE (in years If Under Months)	T 1 Yt. If Under 24 Hes.
Female		WED DIVORCED	4-13-04	68	Doy's Haurs Min.
one during most	of working life, even it relied) St.		111. BIRINGLACE State or loraign	country) 12. CITI	ZEN OF WHAY COUNTRY
manage	r Community	Mem. Church	Maryland	II.	S.A.
FATHER'S N	IAME		14 MOTHER'S MAIDEN NAME		
?	?		Lea Widgeon		
Was Deceas	ed Ever in U. S. Armed Forces? wn) Uf yes, give war or dates of ser	16. SOCIAL	17. INFORMANT		ADDRESS
No	will be state wat of dates of set	000000000000000000000000000000000000000	Non Postulos O	VAL DELE Donné	A: 27 2 7 7 7 7 7
18.	1001	CAUSE OF DEAT	Mrs. Beatrice Sn	nith 1515 Drui	APPROXIMATE INTERVAL
	ASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEAT
0.50	LEADING TO DEATH		USE Severe Electrolyx	Impolance	
(This does	not mean the mode of dying,	(A) IMMEDIATE CA	A CONSEQUENCE OF:	**********************	***********
heart failur	e, asthenia, etc. It means the dis	ease,	A CONSEQUENCE OF		
sulpry or c	•				
	ANTECEDENT CAUSES	(B)	E BOWEL OBST	PUCTION	
DISFASES					
rise to	OR CONDITIONS, if any, s	iving DUE TO, OR AS	A CONSEQUENCE OF:		**************
rise to	the above cause (A) slating NG CONDITION last.	The .	S A CONSEQUENCE OF:		**************************************
rise to	the above cause (A) slating	the Vol			
ise to UNDERLYI	the above cause (A) sialing NG CONDITION last. II VIFICANT CONDITIONS CONTRIBUTE	(c) YOU	yolus	•••••••••••••••••••••••••••••••••••••••	***************************************
OTHER SIGN TO THE DE	the above cause (A) siating NG CONDITION last. II IIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	ING HYPE			
OTHER SIGN TO THE DE	the above cause (A) sialing NG CONDITION last. II WIFICANT CONDITIONS CONTRIBUTIONS AT THE PERMITTER OF TH	ING HYPET	PTENSION 20 A. AUTOPSY? (Yes or No.)	OR, IF YES, WERE FINDINGS N CERTIFYING CAUSES OF	CONSIDERED DE AYH?
other sign to the design of th	the above cause (A) siating NG CONDITION last. II WIFICANT CONDITIONS CONTRIBUTE ATH BUT NOT RELATED TO THE TERM I CONDITION GIVEN IN PART 1 (A). OF OPERATION 198. CONDITION WAS PERFORMED CENT WAS UNDERLYING!	TING HYPET	PTENSION 20 A. AUTOPSY? (Yes or No) Yes	N CERTIFYING CAUSES OF I	DEATH?
other sign to the DESASE OF COLOR CONTER SIGN TO THE DESASE OF COLOR CONTER TO DEATH too	the above cause (A) sialing NG CONDITION last. II WIFICANT CONDITIONS CONTRIBUTE AT HE BUT NOT RELATED TO THE TERM ICONDITION GIVEN IN PART 1 (A). OF OPERATION 1998 CONDITION	ING HYPET	PTENSION 20 A. AUTOPSY? (Yes or No) Yes	N CERTIFYING CAUSES OF I	DEATH?
of the sign of the	The above cause (A) sialing NG CONDITION last.	ING INAL FOR WHICH OPERATION 218. PLACE OF INJURY (e.g., home, form, foctory, steet, of etc.)	20A AUTOPSY? (Yes or No) 2 Yes in or obout 21C, where DID lince bldg, INJURY OCCUR?	N CERTIFYING CAUSES OF I YES (If In Boltimare City, give	DEATH?
oTHER SIGN TO THE DE DISEASE OF 19A-DATE 21A-ACCIE OR CONTR DEATH Inco	the above cause (A) siating NG CONDITION last. II NIFICANT CONDITIONS CONTRIBUTE ATH BUT NOT RELATED TO THE TERM (CONDITION GIVEN IN PART 1 (A). OF OPERATION 19E. CONDITION WAS PERFORMED CONTRIBUTED CAUSE OF SITE FOR WHICH OPERATION 218. PLACE OF INJURY (e.g., home, form, factory, street, ortic) 215. INJURY OCCURRED	20A. AUTOPSY? (Yes or No) Yes in or obout 21C. WHERE DID life bidg. INJURY OCCUR?	N CERTIFYING CAUSES OF I YES (If In Boltimare City, give	DEATH?	
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This certificate must be approved by the chief medical examiner or his assistant if deoth occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtoined before the remains are embalmed or final disposition is made.

1	72 04835		Y HEALTH DEPARTMENT REG. NO.	72 04835
BIRTH N		CERTIFICA	ATE OF DEATH REG. NO.	
1. NAME (Typo or	Print) Matilda 1.	Friedel	May 19, 1972	TH 11:00 A.M.
3. PLAC	E IN BALTIMORE, MARYLAND,	WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived.	ff institution; residence before admission)
FULL NA HOSPITA	AME OF (IF NOT IN HOSP LL OR ADDRESS OR LOC	TITAL OR INSTITUTION, GIVE STREET CATION)	Maryland C. CITY OR TOWN D. 1	NSIDE CITY LIMITS?
0	0 315 S. Clinto	n Street	Baltimore E. STREET AND NUMBER 315 S. Clinton Street	YES NO
S. SEX	6. RACE	17	8. DATE OF SIRTH 9. AGE (In years	II Under 1 Yr If Under 24 Hrs.
Frema	le Cau.	7- MARRIED NEVER MARRIED WIDOWED DIVORCED	6/30/22 lost bithdoy 49	Months Doys Hours Min.
	AL OCCUPATION (Give kind of waring most of working life, even if retired home maker		Baltimore, Maryland	12. CITIZEN OF WHAT COUNTRY?
13. FATH	ER'S NAME		14. MOTHER'S MAIDEN NAME	
Pa	eter Lubinski		Rose Jaworski	
15. Wos	Deceased Ever in U. S. Armed F		17. INFORMANT	ADDRESS
(Yes, no or	unknown) (II yos, give wor or do	security NO. 219-12-5197	son - Mr. Charles Fried	el. same
18.	18501	CAUSE OF DEA		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISE rise UNI	s daes nat meen the made of failure, osthemic, etc. It meets yet ar camplication which cause ANTECEDENT CAUSIEASES OR CONDITIONS, it is the above cause (ADERLYING CONDITION last. ERSIGNIFICANT CONDITIONS CHEED EATH BUT NOT RELATED TO	any, giving DUE TO, OR A ONTRIBUTING	S A CONSEQUENCE OF: S A CONSEQUENCE OF: S A CONSEQUENCE OF:	1900
V DISE	ASE OR CONDITION GIVEN IN P.	ART 1 (A). ONDITION FOR WHICH OPERATION ERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR O	ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF		in or obout 21 C. WHERE DID office bldg., INJURY OCCU R?	imore City, give exact location)
W OF I	TIME (Month) (Day) (You NJURY ROX.)	While At Not We Work At Work		
that	(I) (we) last saw the decea	al) attended the deceased from		May 18 19 7 4. apinion death accurred an the date
23A.	SIGNATURE	1		23B. DATE SIGNED
230.	PHYSICIAN'S NAME (Typo) Lohn M Pa		Phys. Director Stoff Phys. Director 740 S. Conkling St	may 20,197:
24A. BUR	RIAL CREMATION, 248. DATE	24C. NAME of CEMETERY of C		(City, town, or county) (State)
REA	AOVAL (Specily)			
Buric 25A. DA	TE REC'D BY HEALTH DEPT.	258. NAME OF REGISTRAR	Baltimore, Ma	ryland
MA	14 22 1972 Valent	E. Jaben M.B.	The second section is a second section of the second section is a second section of the second section section is a second section of the second section section is a second section of the second section sec	
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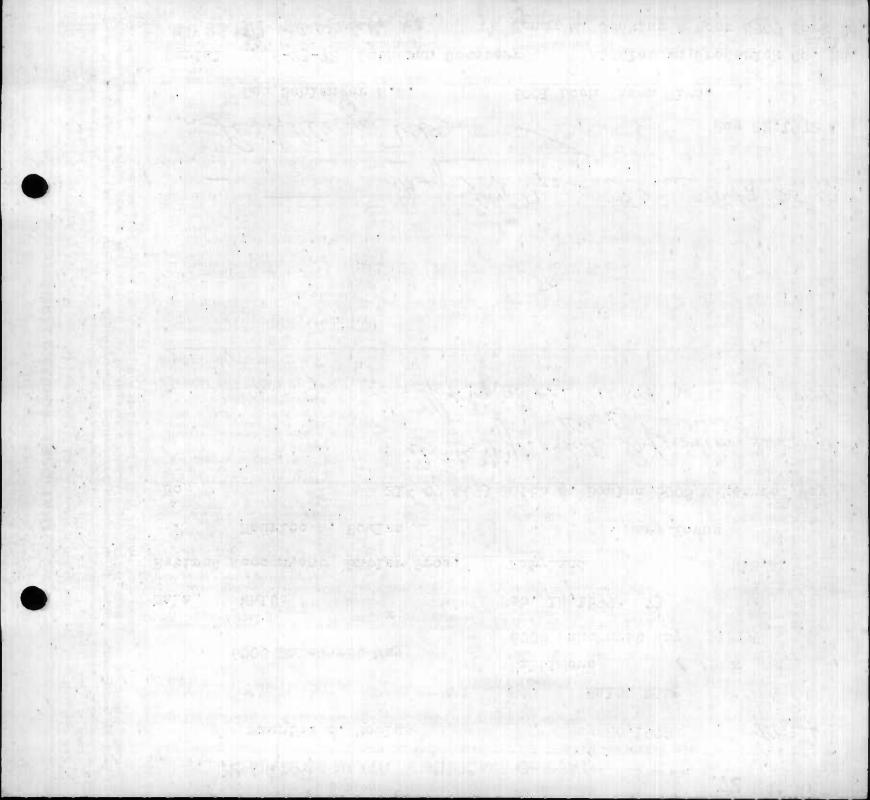
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	4 7 1 1 1 1		CATE OF DEATH REG. NO	72 04836
IRTH NO.	72 04836	CERTIFIC	CAIL OI DLAIII	
NAME OF DEC	CEASED		2. DATE AND HOUR OF DEA	ATH
Type or Print)	Maurice	H. Bowlus	May 20,1972	7:18.4.
. PLACE IN BAL	LTIMORE, MARYLAND, W	VHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. A. STATE B. COUNTY	If institution: residence before admission
OLL NAME OF	(IF NOT IN HOSPIT AODRESS OR LOC	TAL OR INSTITUTION, GIVE STREET ATION)	Md. Balt. City c. CITY OR TOWN	INSIDE CITY LIMITS?
- N	(000 11-1-1		Baltimore	YES NO
00	6008 Wakeh	nurst way	E. STREET AND NUMBER	
			6008 Wakehurst Way	21212
SEX	6. RACE	7. MARRIED X NEVER MARRIED	lost offinody/	Months Doys Hours Min.
Male	White	WIDOWED DIVORCED		
	UPATION (Give kind of war working life, even if retired)	10B. KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNT
	Accountant	Butler Bros.	Maryland	U.S.A.
FATHER'S NA			14. MOTHER'S MAIDEN NAME	
	Maurice A	Rowling	Mary Yo	oung
. Was Deceased	d Ever in U. S. Armed Fo	rces? 1 6. SOCIAL	17. INFORMANT	ADDRESS
es, no or unknown	n) (If yes, give wor or dot	es of service) SECURITY NO.		21212
No		215 09 66	53 Edith B. Bowlus 600	8 Wakehurst Way
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was D.O.A. at a hospital (except w deceased prior to death); and (6) h written approval must be obtained Burial 5-23-72 Lutheran Cemetery Middletown Frederick Co. Md.

25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS 21212

MAY 22 1972 Paber E. Jersen Rd. Henry W. Jenkins & Sons 4905 York Rd. VS 150-REV. 1/1/6B



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

VS 150-REV. 1/1/68

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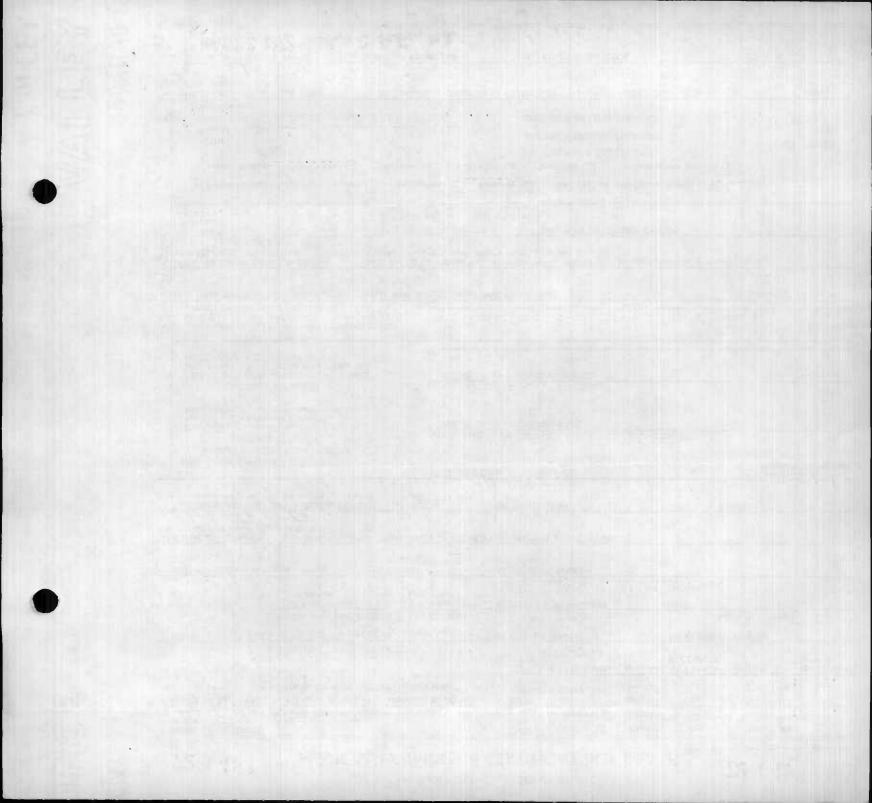
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BIRTH NO.							REG. NO.			
1. NAME OF DEC	EASED			2. DATE	Known X	Month	Doy	Yeor	Hour	
(Type or Print)	JOHN L.	SCOTT		OF DEATH	Estimoled	May 1	7, 1972		5:30	P. M.
4. PLACE IN BAL	TIMORE, MARYLAND, Y	VHERE PRO	NOUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour	~ 0 M,
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET			PRONO	UNCED DEAD	May 1	7, 1972		5.30	D	
HOSPITAL OR INSTITUTION	ADDRESS OR LOCA	(NOII)		S DELIAL D	ESIDENCE (Where				3.30	P. M.
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A	noie or foreign country)	1	WHAT COUNTRY?	13. PAINER	3 NAME	7				
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(This does n	ot mean the mode of dy	Ing, e.g.,	DUF TO, OR	AS A CONSEC	UENCE OF	Har He	morring (_		
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IA AT	NTECEDENT CAUSES		(R) Eso	phageal	varices					
DISEASES	OR CONDITIONS, IF ANY	, GIVING	DUE TO, OR	AS A CONSE	QUENCE OF:					
RISE TO THE	ABOVE CAUSE (A) STA	TING THE	0:							
Z	io dondinon txii.		(c) <u>C11</u>	rhosis						
H	11									
OTHER SIGN TO THE DEAD DISEASE OR 20A. DATE OF	IFICANT CONDITIONS CAN'TH BUT NOT RELATED TO	ONTRIBUTIN	NG Arterio	sclerot	ic cardio	vascu1	ar dises	950		
DISEASE OR	CONDITION GIVEN IN P.	ART 1 (A)-	AL ZELECTIO	SCICIO	ic cardio	vascui	ar drsea	136		
20A. DATE OF	OPERATION 208. CO	NDMON FO	OR WHICH OPERATION W	AS PERFORN	ED			21. AUTO	PSY? (Yes	or No)
Ö									es	
₹ 22A. EXTERI	TAL CALLES WAS	lo c						_	62	
O	NAL CAUSE WAS	he he	B. PLACE OF INJURY (e.g., ome, form, factory, street, affic	in or about 2 bidg., etc.)	2C. WHERE DID (il In Baltiman	City, give exa	ct location)		
I UTING □ CA	USE OF DEATH.									
≥ 22D. TIME	Month) (Doy) (Year	r) (Hour)	22E.INJURY OCCURRED	2	2F. HOW DID IN	URY OCCU	R?			
OF INJURY (APPROX.)				WHILE						
23.		IT	. WORK LATW	ORK						
	Ify that I held on I	anutan 🖂	Incometes D. A.	[V]	and above and					
		(100)		topsy X	and that on th	ils basis,	death in my	opinion		
result	ed fram: Natural cau	505 X	Accident Suicid				ed manner			
	al a	3	1) 1 _0		CHIEF MEDICAL E	XAMINER				
ACTUAL	- (harle	1	Deman XI		STANT MEDICAL E		CHICAGO IN CONTRACTOR IN CONTR		DATE SIG	NED
SIGNATU		- 0 0	M.D	•				1.0	10=0	
NAME (T	ype)	s 5. 5	pringate, M.D.		CIATE MEDICAL E	XAMINER	⊔ мау	7 18,	19/2	
24A. BURIAL CREA REMOVAL (Special	MATION, 248. DATE		24C. NAME of CEMETERY	or CREMATO	PRY 24D. I	LOCATION	(City, lown,	or county)	(Sto	ote)
R (Specia	1 503	271.	RUTC	em.		2-1.	+	n	7/	
25A DATE BECID	BY HEALTH DEDT	1250 114	ME OF DECISION			JAII	0.	11	d-	
	BY HEALTH DEPT.		ME OF REGISTRAR	25C. 1	UNERAL DIRECTO	OR .	AL	DORESS	1	1
		حالة في ا	Tables, M.D. :	M	illow E	· Klic	KrONS	1291	Caro	1, mes
VS 151-REV. 1/1/68		-0	4 / 13 11							



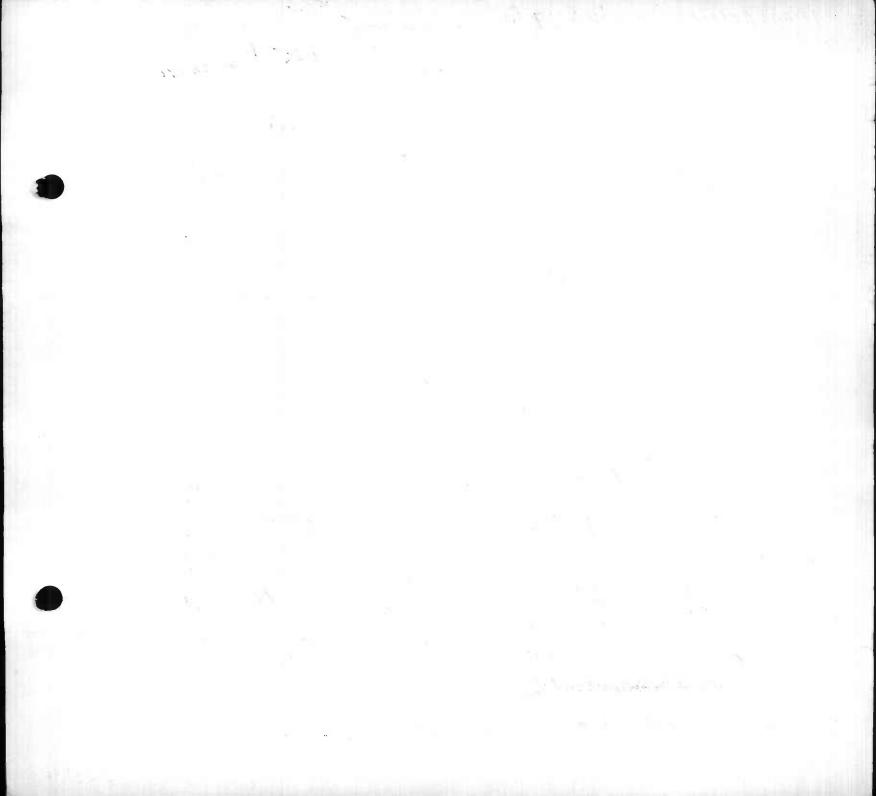
REMOVAL (Specify)

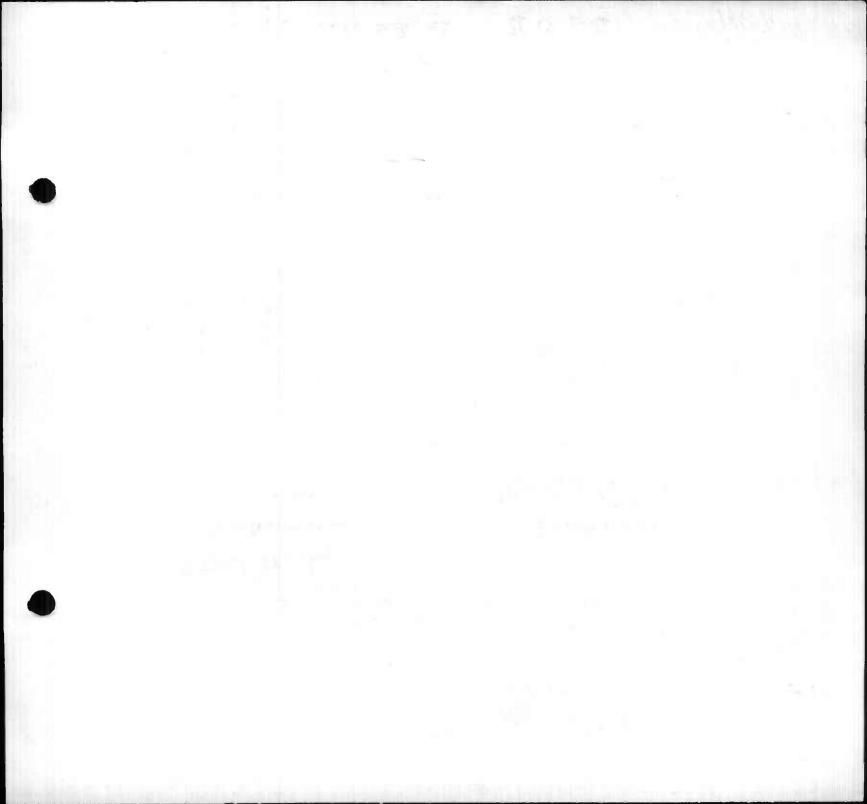
VS 150-REV. 1/1/68

Vale

	72 64	839	BALTIMORE CITY	HEALTH DEPARTMENT		WO 04000			
	BIRTH NO.		CERTIFICA	TE OF DEATH	REG. NO.	72 04839			
- 11	I. NAME OF DECEASED	Se done N	11115-0	2. DATE A	NO HOUR OF DEATH				
		LORED	WHITE	MA	H118/1972	8.25 P. M.			
	3. PLACE IN BALTIMORE, MARYL	AND, WHERE PRONOU	NCED DEAD	A. STATE B. COUN	ero decoosed lived. If inst	itution: residence before odmission)			
		HOSPITAL OR INSTITU	TION, GIVE STREET	c. City or town	D. INSID	E CITY LIMITS?			
1	mentebelle Sta 2201 arganie	The Hosp.	1214	E. STREET AND NUMBER	2	YES NO 🗌			
	2201 arganie	DKINE 2	.1217	1520 F. Chas	co St				
	5. SEX 6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years 45)	If Under 1 Yr., If Under 24 Hrs. Months; Doys : Hours ; Min.			
	FN	WIDOWED	DIVORCED	2-23-27	44				
	IOA, USUAL OCCUPATION (Give ki done dyring most of working life, even i		BUSINESS OR INDUSTRY	11. BIRTHPLACE (Slote or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?			
	Nurse			N. (arol	ira	M.S. H.			
	13. FATHER'S NAME	1 000		14. MOTHER'S MAIDEN NA	ME / A	,			
	15. Was Deceased Ever in U. S. A	Lean	1 6. SOCIAL	De 1/1/10	11 100	ADDRESS			
	15. Was Deceased Ever in U. S. A (Yes, no of unknown) (If yos, give we	or datas of sorvice)	SECURITY NO.	V NC		0/ 0-			
∦	18.		CAUSE OF DEAT	Vera FICCO	1-1320E	APPROXIMATE INTERVAL			
	DISEASE OR CONDIT			PULMONA	CY FIETHST	ASIC BETWEEN ONSET AND DEATH			
	LEADING TO		(A) IMMEDIATE CAU	SE		NOT ESTABLE			
	heart failure, asthenia, etc. 1	t means the disease,		A CONSEQUENCE OF:	2	DUER			
	ANTECEDENT			RCINOMA C	OF CERUIX	DNEYEKR			
		DISEASES OR CONDITIONS, il any, giving (B) DUE 10, OR AS A CONSEQUENCE OF:							
	rise to the above cause UNDERLYING CONDITION		(c)						
1	O OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELA TO INE DEATH BUT NOT RELA TO ISEASE OF CONDITION GIVE	ONS CONTRIBUTING							
		N IN PART 1 (A).	HICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE FI	NDINGS CONSIDERED			
	ER COLOR	VAS PERFORMED		YES	IN CERTIFYING CAU	SES OF DEATH? NO			
	OR CONTRIBUTING CAUSE DEATH (notify medical examina	LYING 21 B. F OF home elc.)	PLACE OF INJURY (e.g., in form, foctory, street, of	or about 21C. WHERE DID ince bidg., INJURY OCCUR?	(It In Boltimore	City, give exoct location)			
	OF INJURY (Month) (Doy)		INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?				
	(APPROX)	White	e Al Work	, 🗀	,				
		22. I certify that (this hospital) attended the deceased from Feb 21 19 72 to kery 18 19 72							
	that (1) (we) last saw the		May 18		at in my (aur) opini	on death occurred on the date			
	and haur and from the cause	ses stated above. (1)	(We) (did) (did not) v	lew the body after death.					
	Speli'ja	ling	Atte. Phys	nding Med.	Staff Phys.	3B. DATE SIGNED			
	23C. PHYSICIAN'S NAME (Type)	FREIVER		3D. ADDRESS		HOSPITAL.			
	24A. BURIAL CREMATION, 24B. 1		ME of CEMETERY OF CRE	MATORY 24D. L		town, or county) (Stole)			

ADDRESS ADDRESS INCST.





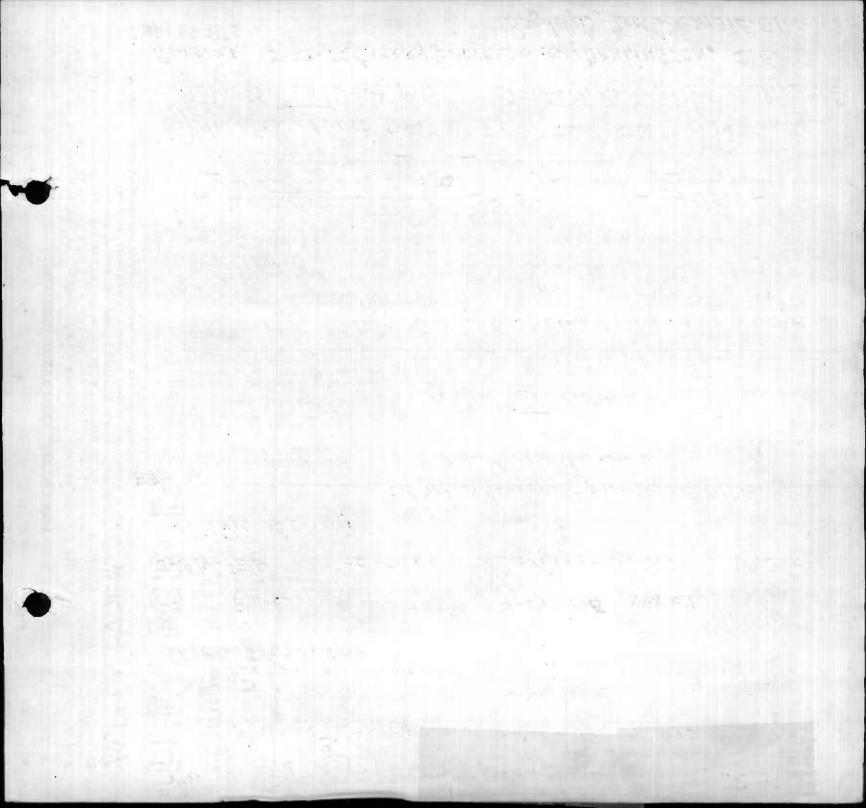
NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D, LOCATION (City, town, or county) REMOVAL (Specify) Harmony Memorial Park Landover, Md. Burial 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS Bacon VS ISI-REV. 1/1/68

Control of the state of the sta Territorial Company of the Company o Lacks (Seconds, 40.0. R Say out our girth gray of a constraint printed makes of the contract

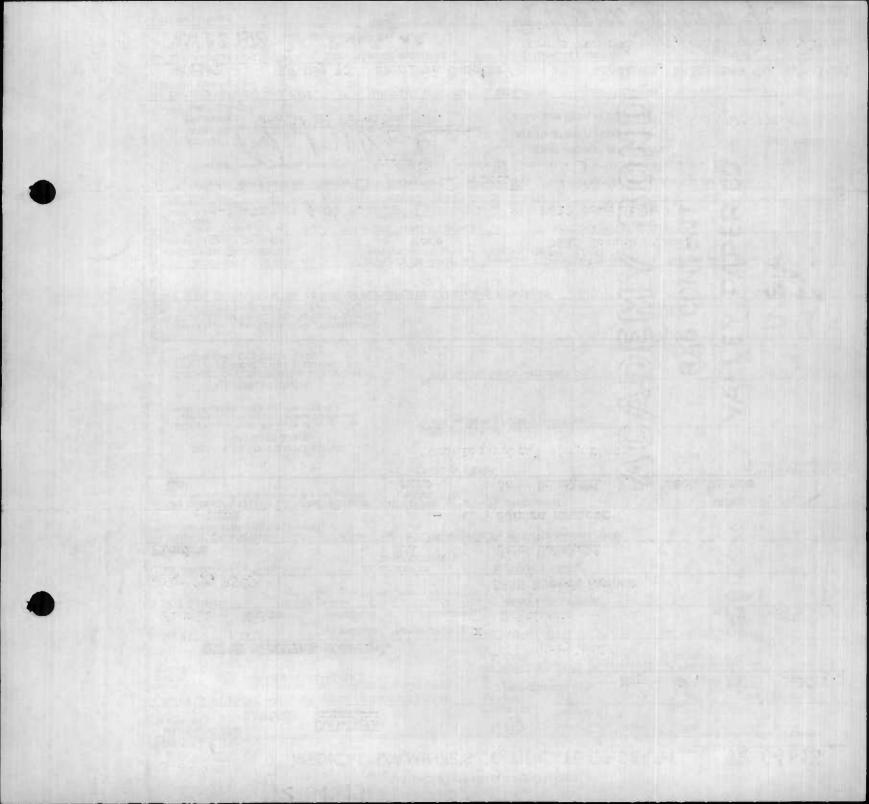
VS 150-REV, 1/1/68

1	2/0	Name of the last	- 4	BALTIMORE CITY	HEALTH DEPARTMENT		70 0400
L)-600	72 04	840	CERTIFICA	TE OF DEATH	REG. NO	72 04842
1, N	TH NO.		Cic			AND HOUR OF DEATH	
(Тур	e or Print)	Annie	Ber	××	19	May 1972	9:05 AM.
3. 1	PLACE IN BALT	MORE, MARYLAND, WH	ERE PRONO	UNCED DEAD	4. USUAL RESIDENCE () A. STATE B. CO	Where deceased lived, If is DUNTY	nstitution: residence before admission)
HC	LL NAME OF	ADDRESS OR LOCAT	TION)	UTION, GIVE STREET	C. CITY OR TOWN		IDE CITY LIMITS?
5	MADOOK K	Good Sama	. 1	Horpital	Ballimos E. STREET AND NUMBE	R	YES NO .
V	3000000	PICE OF CASH CONTROL	D. J. L. D. V. (wer St.	
5. S	EX	6. RACE	MARRIED WIDOWED	= Signatua =	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A	USUAL OCCU	PATION (Give kind of work)		F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
don		rorking life, even if retired)	20	14	X . 7 .	CG	.2/ 0 /2
13.	FATHER'S NAM	- PORT /	175	Home	14. MOTHER'S MAIDEN		U.S.B.
	11/1/2	a Ban	2.1		?		
15.	Was Deceased	Ever in U. S. Armed Fore Ill yes, give wor or dotes	es?	1 6. SOCIAL	17. INFORMANT		ADDRESS
1		ilf yes, give wor or dores	or service)	SECURITY NO.	Navan Pa	GIN2607E	Nima C.
-	り る	= 91		CAUSE OF DEAT	H	GINDLO I S	APPROXIMATE INTERVAL
	DISEAS	E OR CONDITION DIR	ECTLY	Prelate	Cerebras Thron	nboris.	BETWEEN ONSET AND DEATH
		LEADING TO DEATH		(A) IMMEDIATE CAL		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	hours
	heart failure,	at mean the made af asthenia, etc. 11 means	the disease	DUE TO, OR AS	A CONSEQUENCE OF:		
		plication which caused	aeath.)	D. 1.	1.1	Salaria.	
		R CONDITIONS, if a	av aivina	(B) CIUIN A	A CONSEQUENCE OF:	vou	years
	rise to the	above cause (A)					
	UNDERLYING	CONDITION last.		(c)			
Z	OTHER SIGNIFI	II CANTICONDITIONS CON	TRIBUTING	17.	0 + 11.	4 11	
ATIO	TO THE DEATH	H BUT NOT RELATED TO THE	E TERMINAL	arteriore	lerotic Hear	t Uslase	year
CERTIFIC		OPERATION 198. CONE	ITION FOR	WHICH OPERATION	20A. AUTOPSY? IYes o	No. 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
	21 A. ACCIDEN OR CONTRIBU	TING CAUSE OF	211 hor	B. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DI	O (If In Bottimo	re City, give exoct location)
CAL		medical examiner	etc	.)			
NED!	OF INJURY	(Month) (Doy) (Yeor)		. INJURY OCCURRED		INJURY OCCUR?	
2	(APPROX)			hite At Not While At Work			
	22. I certify	that (1) (this hospital)	ottended t	the deceased from 2	- 2-	1972 10 4-	18-72 19.
	that (I) (we)	lost sow the deceased	alive on.	4-18	19 72 one	that in (my) (our) api	inion deoth occurred on the dote
	and hour and	fram the couses state	ed above. (1) (We) (did) (did not) v	riew the body ofter deo	th.	
	23A. SIGNATU	RE					23B, DATE SIGNED
	John	D. vall	rest	mD DEGREE Phy	s. Director	Staff Phys.	19 may 72
	NAME (Ty	pel 131	10		5601 Loch	Raym Ply	1 RUI MINIOR
244	BURIAL CREA	MATION, 24B. DATE	24C. N	AME of CEMETERY OF CR	EMATORY 241	D. LOCATION (C	ity, town, or county) (Stote)
A	Panara	1 5-27-	19 /4	CRRY Grove	COMOLONIA	ARLINETAN	1. S.C.
25	DATE REC'S	BY HEALTH DEPT.		OF REGIS RAR	25C. FUNERAL DIREC	TOR	ADDRESS
MA	Y ZZ BI	کے المان دیا کا	haldery M	Mend (2) (C)	Kandelst	Vilonily 9	WRIF. Olipon St

k2431E. Oliver St



,			12 0	1843	3	BALTIMORE CITY HE	AITH DED	ADTMENIT					
)-14	2	MEI	DICAI	EY				E DEA	TU	70	04542	
BIE	RTH NO. /	lored		וכאו	/	(AMINER'S	LKIII	ICAIL	I DLA	REG. N	10.	04040	
1. (Ty	NAME OF D	ECEASED DARI	ENE I	UBALS	ΚI		2. DATE OF	Known Estimated	Manth	Day	Yeor	Hnur	
4.	PLACE IN B				واجنبات	UNCED DEAD	3. DATE	Caundien (Manth	Day	Year	Haur	М.
HO	L NAME OF	ADDR	TIN HOSPI	ALORINS	STITUTIO	ON, GIVE STREET		OUNCED DEAD	May	. 16,	1972		P. M.
OK	INSTITUTION UT	NION MEN	ORIAL	HOSP	ITAL		A. STATE	Maryland		B. COUNT		befare admissi	ion)
6.	SEX	7. RACE		8. MAR	RIED	NEVER MARRIED	C. CITY C			D. INSIDE	CITY LIMITS	?	
	Female	Whit	:e	WIDON	_		Ba1t	imore			YES 🖸	No 🗆	
9. 1	DATE OF BI	RTH	10. AGE (In years	T # Un	der 1 Yr. It Under 24 Hrs.	E. STREET	AND NUMBER					
Jı	ıly 29.	1969	Tast biring	2	Muliii	is buys intoirs i min.	3925	Beeach A	venue				
		(State or forei	gn country)			TIZEN OF	13. FATHE	R'S NAME					
F	lorida				W	HAT COUNTRY?	John	Dubalski					
14A	USUAL OC	UPATION (Gi	ve kind af work	148. KIN	DOFB	USINESS OR INDUSTRY	15. MOTH	ER'S MAIDEN	IAME				
Gon		or working lite, e	ven it renreaj			-	Sand	ra Hancoc	k				
16.		ASED EVER IN	U.S. ARME	DFORCE	5?	I7. SOCIAL	18. INFO				ADDRESS		
(18	No No	wn) (It yes, give	wor or dales	at service	e)	security No.	John	Dubalski	3925	Beech .	Avenue		
	19.	S-0-0				CAUSE OF DEA		200000000000000000000000000000000000000	27-2	200011		APPROXIMATE INTE	
	Dice	1	mon pin			Cranioc	erebra	1 Injur	ies		BET	TWEEN ONSET AND	D DEATH
	DISE	ASE OR CONI LEADING T		ECILY				111,01					
	(This does	nol mean the	made of d	ylng, e.g.,		(A)IMMEDIATE C	AUSE AS A CONSE	QUENCE OF:					
	Injury ar	re, osthenia, et amplication wh	c. It means th Ich coused de	e diseose,									
	13.000										22		
		ANTECEDENT S OR CONDIT		Y. GIVING		DUE TO, OR	AS A CONS	EQUENCE OF:					
	RISE TO	S OR CONDIT THE ABOVE CA YING CONDIT	USE (A) STA	ATING THE	E								
Z	OHOEKE	TINO CONDI	ION LASI.			(c)							
CERTIFICATION	OTHER CI	GNIFICANT CO	II	CANTRIBLI	ITINIC				ACK				
<u> </u>	TO THE D	EATH BUT NO	T RELATED TO	THE TERM	AINAL								
E C		OF OPERATION				VHICH OPERATION W	AC DEDCOR	MED			101 4317	ODCYO /Yes or	N-1
13	TOWN DATE	OI OI ENAIIO	14 200. CO	NOMON	FORV	VIIICH OPERATION W	45 PERFOR	WED			21. AUI	OPSY? (Yes ar	Naj
1	22A. FXT	ERNAL CAUSE	14/4.0		loop p	Lies of this by						yes	
EDIC/	my 11	NG GOR CON			hame,	LACE OF INJURY (e.g., farm, factory, street, affice	in ar abaut bldg., etc.)	INJURY OCCUR	D (II In Baltim	ore City, give	exact location	20-	1
		CAUSE OF DE				Home	a.		eeach A		1		
2	OF INJURY		Day) (Yea			E.INJURY OCCURRED		22F. HOW DID	INJURY OC	CUR?			
	(APPROX.)	5-15-72	8	:00 P	• m. W	HILE AT NOT	WHILE X	Fell do	wn step	S			
	23.												
		ortify that I i					topsy	ond that or	this basis	, deoth in r	ny opinion		
	res	ulted from:	totural co	uses 📙	Ac	cident X Suicid	le 📙 1	domicide	Undeterm	Ined monne	or 🗌		
	A CTI	A. A.	1 1	01	1/	, 1		CHIEF MEDICA	L EXAMINER			DATE SIGNI	En
	SIGNA	- 1 1 4	negl	II	llu	MO	AS	SISTANT MEDICA	L EXAMINER	X		DAIL SIGIN	
			onald l	N. Kø	rnb1	um, M.D.	ASS	OCIATE MEDICA	L EXAMINER		5/17	/72	
_		(Type)	010 0100										
RE	A. BURIAL CE MOVAL (Sp		248. DATE		240	. NAME of CEMETERY	or CREMAT	ORY 24	D. LOCATIO	N (City, to	awn, ar caunt	y) (State)
	Buria		19 Ma	y 72	W	oodlawn Ceme	tery	W	foodlaw	n, Balt	imore C	Co. Mary	lan
25.		D BY HEALTH	DEPT.	25B. N	NAME	OF REGISTRAR	25C.	FUNERAL DIRE	CTOR		ADDRESS		
	MAY S	2 1972	P. Ben	BE3	alle	. Ma		urgee Fur	eral H	979, Ba	ltimore	, Maryla	and
VS	151-REV. 1/1,					70 ()	I B	Y: fol re	100 l	16/1	11/		
1.2	INGOVEA WIL	100	All I	to I find	08 - 7 -			1 1 11 1	LEM, SI	XV (M	nu V	4	



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

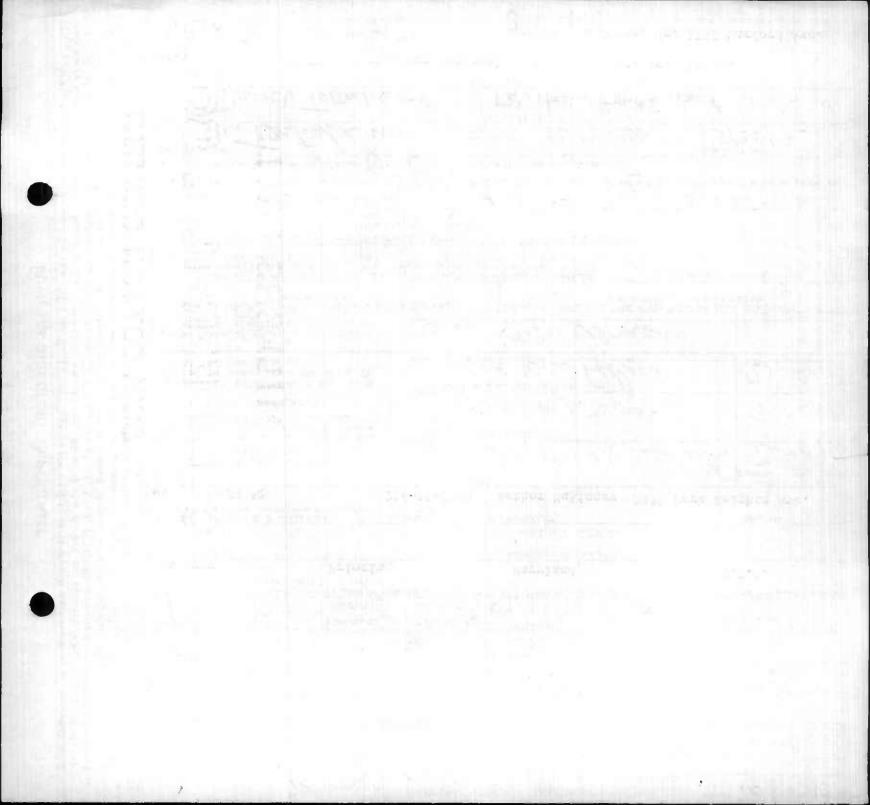
1) 112 000	BALTIMORE CIT	Y HEALTH DEPARTMENT		72 04844
BIR	1-463 72 04	CERTIFICA	TE OF DEATH	REG. NO	/£ ()1011
	ame of Deceased Wendell	Pollard.	2 DATE AN	15/22	1 12.20 Pm
3, 1	PLACE IN BALTIMORE, MARYLAND, WHER	E PRONOUNCED DEAD	A. STATE B. COUN		institutions residence before admission)
FU HO	LL NAME OF OF OF NOT IN HOSPITAL OF ADDRESS OR LOCATIO	OR INSTITUTION, GIVE STREET	Maryland		1403
IN:	Provident Ho		C. CITY OR TOWN	D. II	YES NO
-	29 2600 Liberty		Baltimore E. STREET AND NUMBER		123 MOL
-	Baltimore, M		2227 Druid Hill	Avo.	
5. S		MARRIED NEVER MARRIED DIVORCED DIVORCED	8-13-10	ost birthday)	Months Days Hours Min.
104	USUAL OCCUPATION (Give kind of work 108 educing most of working life, even if refired)	KIND OF BUSINESS OR INDUSTR		ga country)	12 CITIZEN OF WHAT COUNTRY
X	Danton (con	Span part	Virginia		II-S-A-
13	FATHER'S NAME Saul P	llard	Harrah	Siled	
S. Yes	Was Decoased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give war or dates of	service) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
			Mrs. Ethel Boyo	(Sister)	2023 Sorta KILL AVS
	18. 149,01	CAUSE OF DEAT	Н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECT		Metantania	BOALLO	metani 2 m
	(This does not mean the mode of dyl	ng. e.g., (A) MMEDIATE CA	USE Metastasis A CONSEQUENCE OF: pring any	. (002007)	om out dir
	heart failure, osthenia, etc. It means the injury or complication which caused dec	015005C.	DAINS and	un how	m
	ANTECEDENT CAUSES	(B)	,		
	DISEASES OR CONDITIONS, if any, rise to the above cause (A) sta	giving DUE TO, OR A	S A CONSEQUENCE OF:		
	UNDERLYING CONDITION lost	(c)			
ATION	OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED TO THE T				
U	DISEASE OR CONDITION GIVEN IN PART 1	(A). ON FOR WHICH OPERATION	20A-AUTOPSYZ (Yes or No	20B, IF YES, WER	E FINDINGS CONSIDERED
ERTIF	WAS PERFORM	MED	No	IN CERTIFYING	CAUSES OF DEATH?
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Inoffy medical examined	home, form, fectory, street, etc.)	in ar about 21 C. WHERE DID office bidg, INJURY OCCUR?	(If In Boltim	nore City, give exect location)
MEDIC	210. TIME (Month) (Day) (Year) (H	loud 21E INJURY OCCURRED	21F. HOW DID INJ	JET OCCURS	
W	(APPROX)	While At Work At Work	10		
	22. I certify that (i) (this hospital) at	tended the deceased fram	5 / 12/72 1	9ta	5/15/72 19
	that (i) (we) last saw the deceased a	live on 5/15/72	19and the	ot in(my) (our) a	pinian death accurred on the date
	and hour and fram the causes stated	abave. (1) (We) (did) (did nat)	view the body after death.		
	23A. SIGNATURE				238, DATE SIGNED
	Boar Oa	N M DEGREE Ph		Stoff Phys.	5/15/72
	23C. PHYSICIAN'S NAME (Type) BOON V	ANASIN.	Provide	nt 140.	p Balfo Mel
24/	A. BURIAL CREMATION, 248. DATE REMOVAL (Specify)	24C, NAME of CHMETERY OF C		CATION O	(City, town, or county)
	Burnel 5-18-72	Int, alvar	y Combay &	MI Plan	W/ ml
25	A. DATE REC'D BY HEALTH DEPT. 251	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	1	ADDRESS ADDRESS
	MAY 22 1972 USB 4.	Jaben M.D.	March 4.1	med 20	12211. Turne are
VS	150-REV. 1/1/68	1 400	10000		



and the state of t

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

16	72 110	BALTIMORE CITY	HEALTH DEPARTMENT	12 4845
BIR	7-530	CERTIFICA	TE OF DEATH REG. NO	,
	PO OF PRINT	BOND	2. DATE AND HOUR OF DEATH 5/22/-22	12105 AM
3. (PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where decoded lived. If in	stitution residence before admission)
HC	LL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	Maryland	DE CITY LIMITS?
IN:	STITUTION I DIV I HAD BE		Baltimore	YES XX NO
6.	JOHN HONNIN BOOK WE	P	E. STREET AND NUMBER 1532 Baker Street	
5. \$	SEX M. 6. RACE B. 7. MARR WIDOW	NEVER MARRIED A	6. DATE OF BIRTH 64/23/23 9. AGE (in yeors lost birthdox) 49	If Under 1 Y. II Under 24 Hrs. Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 108, KINE to during meet of working life, even if refired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
	Laborer Prin	ting	Maryland	U.S.A.
13.	FATHER'S NAME		14 MOTHER'S MAIDEN NAME	
			Sarah Conti	
S. (Yes	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give war or dates of Servi	1 & SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
Ye	n -	216-16-5865	Esther McKinney 3839 Par	k Heights Ave.
CA	OF INJURY (APPROXI	ing the DUE TO, OR AS the (C) CO TO	A CONSEQUENCE OF: A CONSEQUENCE	Tweks. 5 glaw Zweks. Tindings considered uses of death? To death? The considered uses of death? The considered uses of death? The considered uses of death?
	22. I certify that (i) (this hospital) attends that (i) (we) last saw the deceased alive and haur and fram the causes stated above 23A. STONATURE 23C. PHTSICIAN'S NAME TIPP ANIELV QRTag A. BURIAL CREMATION, 24B. DATE 24B. DATE	od(1) (We) (did) (did not) w	ending Med. Staff Director Physics Hospital Sematory 240. LOCATION (Ci	nton death accurred on the date 238, DATE SIGNED 5722/72 24 Md 4724 1y, town, or county) (State) enna.
		OF REGISTRAR	Marshall W. Jones, Jr. 1	ADDRESS



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital faxeast where the physician and a possital faxeast where the physician are a possital faxeast where the physician are a possital faxeast where the physician are a possital faxeast where the physician are a possital faxeast where the physician are a possital faxeast where the physician are a possital faxeast where the physician are a possital faxeast where the physician are a possital faxeast where the physician are a possital faxeast where the physician are a possital faxeast where the physician are a physician are a physician and physician are a physician and physician are a physician and physician are a physician and physician are a physician and physician are a physician and physician are a physician and physician are a physician are a physician and physician are a physician and physician are a physician and physician are a physician are a physician and physician are a physician are a physician and physician are a physician and physician are a physician are a physician and physician are a physician are a physician and physician are a physician and physician are a physician are a physician and physician are a physician are a physician and physician are a physician and physician are a physician are a physician and physician are a physician and physician are a physician and physician are a physician are a physician and physician are a physician are a physician and physician are a physician are a physician and physician are a physician are a physician are a physician and physician are a physician and physician are a physician and physician are a physician and physician are a physician are a physician and physician are a physician are a physician and physician are a physician are a physician and physician are a physician are a physician are a physician and physician are a physician are a physician are a physician and physician are a physician are a physician and physician This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause

. NO.	72	04	846
. NO			

7 - 707	Y HEALTH DEPARTMENT	72 04846
BIRTH NO. 72 04846 CERTIFICA	TE OF DEATH REG. NO	14 0 20 20
1. NAME OF DECEASED	2 DATE AND HOUR OF DEATH	
(Type or Print) CLARA TROSENHE!	M may 20-1972	16.00 P M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Wilfere deceased lived, If institu	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND	1401
INSTITUTION	C. CITY OR TOWN D. INSIDE	CITY LIMITS?
BELVEDERE NURSING HOME	27132 2713	ES NO
90	E. STREET AND NUMBER MARLBOROUGH APTS.	
S SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	Under 1 Yr. , If Under 24 Hrs.
FEMALE WHITE WIDOWED X DIVORCED	9/22/1882 lost birthdoy) M	lonths Doys Hours Min.
OA, USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINESS OR INDUSTRY		2. CITIZEN OF WHAT COUNTRY
one during most of working life, even if retired)		
HOUSEWIFE AT HOME 3- FATHER'S NAME	BALTIMORE, MARYLAND	USA
PAINCE 3 NAME	14. MOTHER'S MAIDEN NAME	
MARKS NEW	RACHEL ROSENBLATT	
5. Wos Deceased Ever in U. S. Armed Forces? (es, no or unknown) [If yes, give war or dotos of service] 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
NO 213-52-2136	MR. ALLEN FISHER, 2307 MARYI	AND NATIONAL BAN
18.2/// CAUSE OF DEAT		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	. 0 1	BETWEEN ONSET AND DEATH
LEADING TO DEATH	use acute myocardial toffere	ti = 48 hours
IThis does not meon the made all dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or camplication which caused death.)	USE acute myorardial difference a CONSEQUENCE OF	
	1 4 2	4
ANTECEDENT CAUSES (B) areas	A CONSEQUENCE OF:	few years.
DISEASES OR CONDITIONS, if any, giving ise to the above cause (A) stoting the	A CONSEQUENCE OF:	
UNDERLYING CONDITION lost (C)		

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
DISEASE OF CONDITION GIVEN IN PART 1 (A).	20A-AUTOPSY2 (Yes or No.) 20R. IE YES WEDE EINT	NAS CONSIDERED
19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINE IN CERTIFYING CAUSE:	S OF DEATH?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., i	in at about 23 C WHERE DID.	
OR CONTRIBUTING TICALISE OF	fice bidg. INJURY OCCUR?	ty, give exoci location)
DEATH (nonly medical examines		
DEATH (notify medical examined) 21D.TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED OF INJURY	21 F. HOW DID INJURY OCCUR?	
(APPROXI While AI Not While AI Work	• 🗆	
TOTAL TOTAL	1-92-6	
22. I certify that (1) (this haspital) attended the deceased from		20 1972
that (1) (we) last saw the deceased alive an May 20	19and that In(my) (aur) apinior	death accurred an the date
and have and from the causes stated above. (1) (We) (did) (did not) v	lew the bady after death.	
23A. SIGNATURE		B, DATE SIGNED
	anding Med. Staff	5/20/72
23C.PHYSICIAN'S	23 D. ADDRESS	0 / - 0 / / 2
NAME (Type) BERNARD J. COHEN	3501 XXX.ST. PAUL STREET	
DEGREE		
AA. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	EMATORY 24D. LOCATION (City, to	own, or county) (Stote)
BURIAL 5-22-72 OHEB SHALOM	BALTIMORE, MARYLA	AND
SA. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR	laca surial	
1AY 23 1972 Robert E. Jaban M.D. 2 0 1	6010	REISTERSTOWN ROA

MAY 23 197 VS 150-REV. 1/1/68

REISTERSTOWN ROAD 6010

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CONTROL OF COMME.

occurred in a hospital and

11	1				6 104	BALTIMORE CITY	HEALTH	DEPARTMENT			72 0	4847
1	-635		72	048	41	CERTIFICA	TEO	E DEATH	REG	. NO		
	TH NO.					CLKTITICA	IL C		AND HOUR OF	DEATH		
1. N (Typ	AME OF DECE e or Print)		215	Fois	d MI	אמ		A Comme	110/20	DEATH	1	6-120,
		PAUL					TI4. USUA	AL RESIDENCE (V	here deceased	fived. If ins	titution: resid	lence before odnission
3. 1	PLACE IN BALT	IMORE, MARI	LAND, WI	TERE PROP	OUNCED	DEAD	A. STAT		YTHU		100	2002
FU	LL NAME OF	(IF NOT I	N HOSPITA	L OR INS	TITUTION,	GIVE STREET		IARYLAND		[a	C. C. C. LIAME	8 4 -
INS	SPITAL OR					V n =		OR TOWN		D. INSI	DE CITY LIMIT	
1	nn '	5518	8 1-	ERN	PAR	K Ave.		BALTIMORE ET AND NUMBER)	1	YES A	ио 🗌
1		BA	HIM	ORE,	N9.	21207		5518 FERNI		NUE #2	21207	
S. S	EX	6. RACE		7. MARRIE	D NE	VER MARRIED	B. DATE	OF BIRTH	9. AGE (In)	eors	If Under 1 Months: Do	Yr. If Under 24 Hrs bys Hours Min.
	FEMALE	WHI	TE	WIDOW	EDXX	DIVORCED			73			
10A	USUAL OCCU	PATION (Give	kind of work	10B. KIND	OF BUSIN	IESS OR INDUSTRY	11. BIRTI	HPLACE (State or 1	oreign country)		12. CITIZEN	OF WHAT COUNTR
don	during most of a		n if refired)	ΛТ	HOME		DI	USSIA			USA	
13.	HOUSEW			AI	HOME			HER'S MAIDEN	NAME		1 001	
	WOLE	SEIDLER						TILLIE KUS	CHNED			
15	Was Deceased		Armed For	es?	1 6. 50	OCIAL	17. INFO		JIHILK		Al	DDRESS
(Ye	s, no or unknowni	(If yes, give	war or dates	of servic		CURITY NO.						
	NO					-44-2243 CAUSE OF DEAT		IRENE SA	NDLER, 5	520 FE	RNPARK	AVE #2120
	heart failuie, injuly of cam DISEASES Crise to the	asthenia, etc. application which ANTECEDENT OR CONDITION B above co CONDITION	It means ch caused CAUSES	the disea death.)	se,	(A) IMMEDIATE CA DUE TO, OR AS (B) DUE TO, OR AS	nci	QUENCE OF: UShed EQUENCE OF:	si,			Aunt
N O		ICANT CONDIT										
AT	DISEASE OR C	ONDITION GIV	EN IN PAR	T 1 (A).			120.4	AUTOPSY? (Yes or	Nall 208 IE VI	C WEDE	FINDINGS CO	ONSIDERED
CERTIFICATION	19 A. DATE OF	OPERATION	WAS PERF	ORMED	OR WHICH	OPERATION	20 A.	AUTOPST? (Tes of	IN CERTI	YING CA	USES OF DE	ATH?
AL	OR CONTRIBU	NT WAS UND	SE OF		218. PLAC home, form etc.)	E OF INJURY (e.g., n, foctory, street,	in or abou	121C. WHERE DIE) (IF	in Boltimor	e City, give e	exoct location)
DIC		(Month) (Do	y) (Year)	(Hour)	21E. INJU	RY OCCURRED		21F. HOW DID	INJURY OCCU	R?		
Z	(APPROXI				While At Work	Not Wh	ile 🔲	/ /		n		(T)
	22. I certify	that (I) (this	liospital) attende	d the de	ceosed from		1965	19t	-111	aylo	1972
	that (I) (we)			/	1111	11/	1	7 2 and	that in (my)	(our opi	nion deoth	occurred an the do
	1		1			(did) (did mot)	view the	body ofter deo	th.			
	23A SIGNATU		\		(,, (1 1.1					238. DATE,	SIGNED
1	1 11	TIV	1. h.		1) - Dh	ending	Med.	Staff Phys.		5/	18/72
		THE OWNER	uci)	my	h	DEGREE Ph	23D. ADI		rnys.	1	10/1	0/10

BURIAL AY 23 1972 ETR5/21/72 BNAI JACOB 25A. DATE 25C. FUNERAL DIRECTOR

BALTIMORE, MARYLAND

ADDRESS

LEVINSON BROS., 6010 REISTERSTOWN ROAD

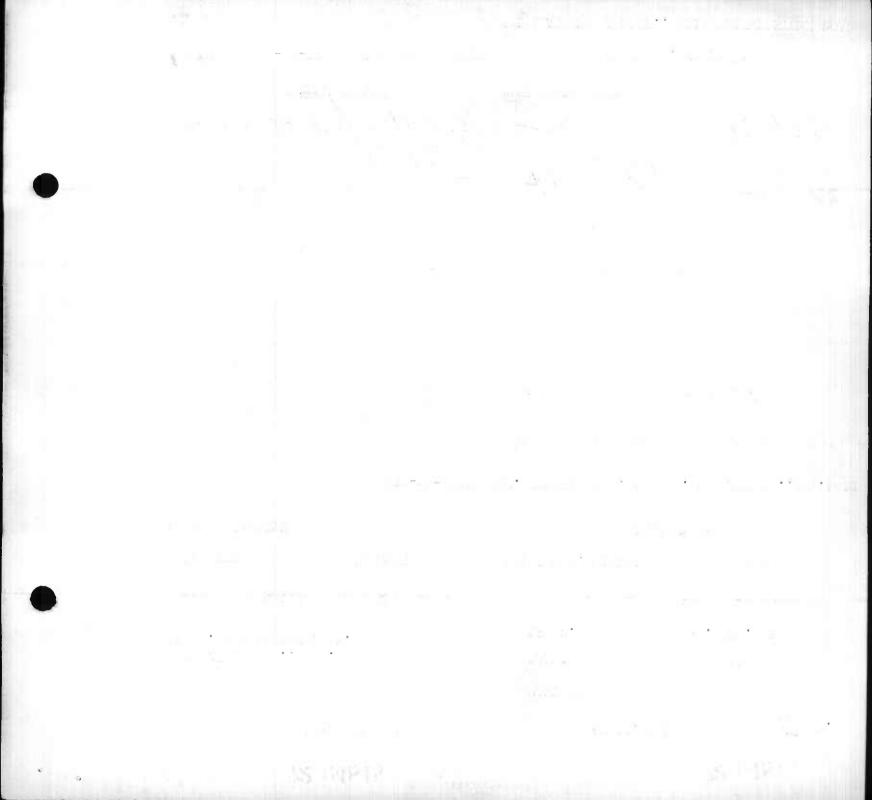
24A. BURIAL CREMATION, REMOVAL (Specify)

de

written approv

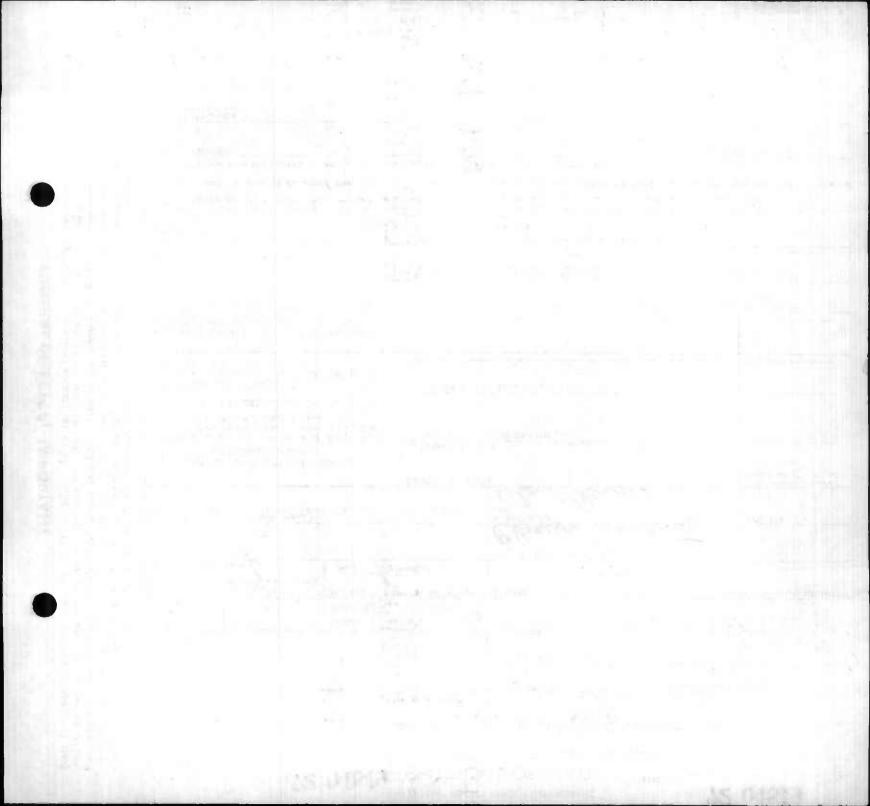
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

NAME OF DE	CPACED		CERTIFICA							
Type or Print)		NIE WIL	SON		NO HOUR OF DEATH					
PLACE IN BA	LTIMORE MARYLAND, V			4. USUAL RESIDENCE (Who	18, 1972 Pre deceased lived, If in	nstitution: residence before admission				
ULL NAME OF				A. STATE B. COUL	YTY	1201				
HOSPITAL OR	ADDRESS OR LOC	ATION)	UTION, GIVE STREET	MARYLAND C. CITY OR TOWN	D INC	SIDE CITY LIMITS?				
	TEW ADTO AD	т 626		BALTIMORE	D. 1143	YES XX NO				
	IEW APTS., AP			E. STREET AND NUMBER						
		KH I •		116 W. UNI	VERSITY PKW	Y. APT. 616				
FEMALE	6. RACE WHITE	WIDOWED		8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Il Under 1 Yr. Il Under 24 Hrs Months Doys Hours Min.				
A. USUAL OCC	CUPATION (Give kind of work f working life, even il refired)	LIOR KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or lore	eign country)	12. CITIZEN OF WHAT COUNTR				
HOUSEW		AT	HOME	BALTIMORE, MA	RYLAND	USA				
FATHER'S NA				14. MOTHER'S MAIDEN NA						
REUBEN	LABOWITZ				ANNA GLA	ZER				
. Wos Deceose es, no or unknow	d Ever in U. S. Armed Fo n) (If yes, give wor or dote	rces? es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS				
NO			216-07-3777	MRS. SYLVIA BEA	R. 4000 N.	CHARLES ST., APT.14				
18.4/(7,91		CAUSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT				
DISEA	SE OR CONDITION DI	RECTLY		A. Ma	V) (0 00 0 0 0 0					
(This does not meen the mode of dving e.g. (A) IMMEDIATE CAUSE CUTE (NYDORT) PL TMPAPT TOUT										
heart failure	this does not meet ine made of dying, e.g., beart failure, ashenic, etc., it means the disease, injury or camplication which coused death.)									
111017 01 00	ANTECEDENT CAUSES (B) ATERIOSCIEFOTIC CARDIOLASCULAR DIXAGE									
				insciperati Coa	Dur Oct Ver	DV 000				
DISEASES	ANTECEDENT CAUSES		(B) Paren		DIOVASILUGAR	DIXOSE				
rise to It	ANTECEDENT CAUSES OR CONDITIONS, if the above cause IA)	any, giving	(B) Paren	OSCIPTOTIC CAP	DIWASIUMAR	Dixose				
rise to It	ANTECEDENT CAUSES OR CONDITIONS, if a abave cause IA) G CONDITION last,	any, giving	(B) Paren		DIOVASCUCIAR	Dixase				
rise to It	ANTECEDENT CAUSES OR CONDITIONS, if ne abave cause IA) G CONDITION last.	any, giving slaling the	(B) Paren		DIOURSLUGAR	Dixinse				
or or or or or or or or or or or or or o	ANTECEDENT CAUSES OR CONDITIONS, if the abave cause IA) G CONDITION last,	any, giving stating the ONTRIBUTING HE TERMINAL	(B) Paren		Diovascuare	Dixinse				
OTHER SIGNI TO THE DEA DISEASE OR C	ANTECEDENT CAUSES OR CONDITIONS, if the abave cause IA) G CONDITION last, II FICANT CONDITIONS CO TH BUT NOT RELATED TO TO CONDITION GIVEN IN PAR F OPERATION 1985. CON WAS PER	any, giving stating the Stating the PATRIBUTING HE TERMINAL IT 1 (A).	(B) DUE TO, OR AS			FINDINGS CONSIDERED				
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OTHER SIGNI TO THE DEAD DISEASE OR (19A-DATE O OR CONTRIB DEATH (nosf) 21D-TIME OF INJURY (APPROX.)	ANTECEDENT CAUSES OR CONDITIONS, if ne abave cause IA) G CONDITION last, FICANT CONDITIONS CO TH BUT NOT RELATED TO TO CONDITION GIVEN IN PAR F OPERATION 19R CON WAS PER ENT WAS UNDERLYING UTING CAUSE OF y medical examine) (Month) (Dby) (Year)	any, giving stating the stating the TERMINAL RT 1 (A). 21B hom etc. (Hour) 21E Wh	(B) DUE TO, OR AS (C)	20A. AUTOPSX? (Yes or No	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH? The City, give exact location)				
OTHER SIGNI TO THE DEA DISEASE OR CO 19A-DATE O 21A-ACCIDE OR CONTRIB DEATH (nost) 21D-TIME OF INJURY (APPROX.)	ANTECEDENT CAUSES OR CONDITIONS, if the abave cause IA) G CONDITION last, FICANT CONDITIONS CO TH BUT NOT RELATED TO TO CONDITION GIVEN IN PAR F OPERATION 19B. CON WAS PER ENT WAS UNDERLYING UTING CAUSE OF The medical examines	any, giving stating the stating the PATRIBUTING HE TERMINAL IT 1 (A). IDITION FOR FORMED 21B hom etc. (Hour) 21E Wh	(B) DUE TO, OR AS (C)	20A. AUTOPSY? (Yes of No.) 1 of obout 21C. WHERE DID injury OCCUR?	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH? The City, give exact location)				
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OTHER SIGNI TO THE DEAD DISEASE OR OF 19A-DATE OF 19A-	ANTECEDENT CAUSES OR CONDITIONS, if the abave cause IA) G CONDITION [ast, III FICANT CONDITIONS CO TH BUT NOT RELATED TO TO CONDITION GIVEN IN PAR F OPERATION 19B CON WAS PER INT WAS UNDERLYING UTING CAUSE OF y medicol exomined (Month! (Dby) (Year) thot (1) this hospital) last saw the decease d fram the causes state	any, giving stating the Stating the Stating the STATE	(B) DUE TO, OR AS (C)	20A. AUTOPSY? (Yes or No. or obout 21C. WHERE DID INJURY OCCUR? 21F. HOW DID INJ	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH? The City, give exact location)				
OTHER SIGNI TO THE DEAD DISEASE OR (19A. DATE O OR CONTRIB DEATH (nosf) 21D. TIME OF INJURY (APPROX.) 22. 1 certify that (1) (we and haur an	ANTECEDENT CAUSES OR CONDITIONS, if the abave cause IA) G CONDITION [ast, III FICANT CONDITIONS CO TH BUT NOT RELATED TO TO CONDITION GIVEN IN PAR F OPERATION 19B CON WAS PER INT WAS UNDERLYING UTING CAUSE OF y medicol exomined (Month! (Dby) (Year) thot (1) this hospital) last saw the decease d fram the causes state	any, giving stating the Stating the Stating the STATE	(B) DUE TO, OR AS (C)	20A. AUTOPSY? (Yes or Not like bldg. INJURY OCCUR? 21F. HOW DID INJ	URY OCCUR?	FINDINGS CONSIDERED USES OF DEATH? The City, give exact location is the date of the date				
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OTHER SIGNI TO THE DEA DISEASE OR CONTRIB OF INJURY (APPROX.) 21A. ACCIDE OF INJURY (APPROX.) 22. 1 certify that (1) (we and haur an 23A. SIGNATI NAME (1)	ANTECEDENT CAUSES OR CONDITIONS, if the abave cause IA) G CONDITION last, FICANT CONDITIONS CO TH BUT NOT RELATED TO TO CONDITION GIVEN IN PAR F OPERATION 198 CON WAS PER INT WAS UNDERLYING L UTING CAUSE OF The medical examined (Month) (Dby) (Year) That saw the decease and from the causes state URE Of ANTS Type) JERON EMATION, 1248, DATE	any, giving stating the stating the terminal to the terminal to the terminal to the terminal to the terminal to the terminal to the terminal termin	(B) TO THE OPERATION WHICH OPERATION PLACE OF THE URY (e.g., in the late of	20A. AUTOPSY? (Yes or Not obout 21C. WHERE DID lice bidg., INJURY OCCUR? 21F. HOW DID INJ	URY OCCUR? to	FINDINGS CONSIDERED USES OF DEATH? The City, give exact location) 1962 Inlan death occurred an the data				
OTHER SIGNI TO THE DEAD TO THE	ANTECEDENT CAUSES OR CONDITIONS, if ie above cause IA) IG CONDITION Iast, FICANT CONDITION S CO TH BUT NOT RELATED TO T CONDITION GIVEN IN PAR F OPERATION 19B. CON WAS PER ENT WAS UNDERLYING UTING CAUSE OF y medical exomined (Month (Dby) (Year) (Month (Dby) (Year) That saw the decease INTERPLYING CONDITION (IN PAR TO THE CONDITION (IN PAR T	any, giving stating the stating the terminal tiplition for formed the dollar and ted abaves (IIII) and the collins of the coll	(B) DUE TO, OR AS (C)	20A. AUTOPSY? (Yes or Not of obout 21C. WHERE DID ince bidg., INJURY OCCUR? 21F. HOW DID INJ 21F. HO	URY OCCUR? to	FINDINGS CONSIDERED USES OF DEATH? The City, give exact location 19 6 2 Inlan death occurred an the data 23 B. DATE, SGNED 19 6 2 19 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7				



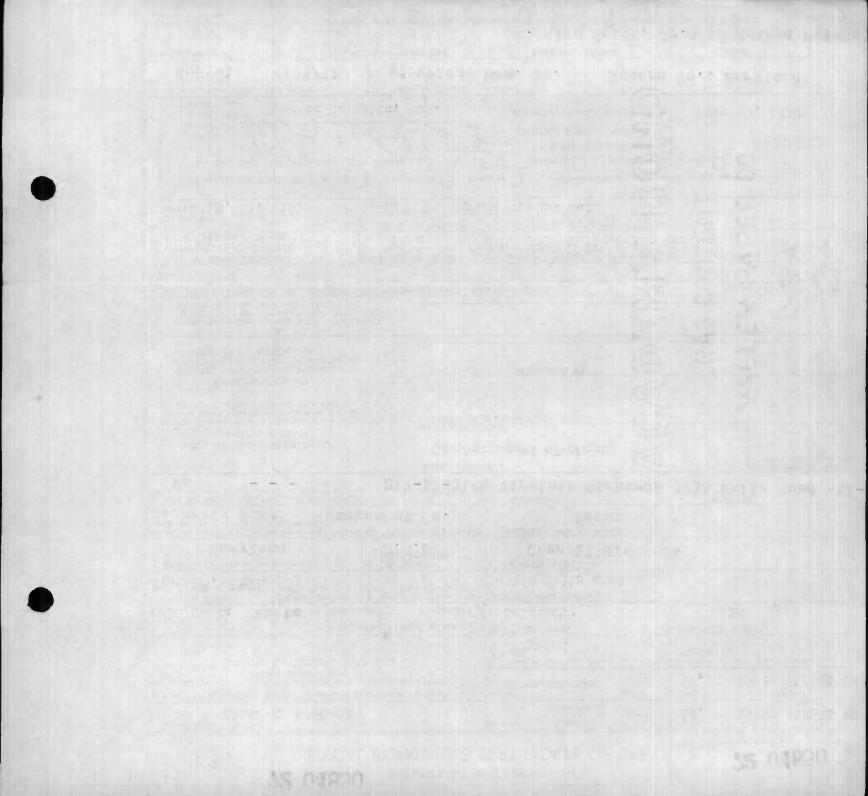
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

-	2 200	MA FIRE	BALTIMORE CITY	HEALTH DEPARTMENT		72 04849
术	-260	72 0484	9 CERTIFICA	TE OF DEATH	REG. NO	
	TH NO.				ND HOUR OF DEATH	
	pe er Printl MARU	M RE	CKFO		M 2019	02 1 3:500 M
3. 1	PLACE IN BALTIMORE MARTI	LAND, WHERE PRONO	UNCED DEAD	A STATE B COU	ere deceased lived If i	nstitution residence before admission)
200	11 NAME OF #E NOT #	LUCENTAL OR INSTIT	THOM CIVE STREET	MORYUSA) 557
HC	LL NAME OF (IF NOT IN ADDRESS INTUTION	HOSPITAL OR INSTIT OR LOCATION	OHON, GIVE STREET	C. CITY OR TOWN		SIDE CITY LIMITS?
1	4-4-			BACTIMORE		YES 🗷 NO 🗌
		1.5		E. STREET AND NUMBER	H.	
	UNION HEM	ORIAL HO	SPITAL	2136 W) ISTLER	DV 21230
5. 5	EX 6. RACE	7- MARRIED	NEVER MARRIED	& DATE OF BIRTH	9. AGE (In years lost birthday)	Months! Doys Hours Min.
-	THE W	WIDOWED		11-22-1886	18	
	USUAL OCCUPATION (Give b)		BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12 CITIZEN OF WHAT COUNTRY
0011	Housewel	at -	time	MARULA	Qu	42)
13.	FATHER'S NAME			14 MOTHER'S MAIDEN N		
	CHARLES	Q=11		60	Josh +	
15,	Was Deceased Ever In U. S. A	rmed Forces!	1 6. SOCIAL	17. INFORMANT	manage	ADDRESS
(Ye	, no or unknowni (If yes, give w	ar or dates of service)	SECURITY NO.	PO ID.	0	
	NO 18.		CAUSE OF DEAT	soland Ca	erelv	APPROXIMATE INTERVAL
	DISEASE OF CONDIT	HON DIRECTLY	CAUSE OF SEA			BETWEEN ONSET AND BEATH
	LEADING TO		(A)IMMEDIATE CA	USE BILDTTERM	PUEDMON	08
	(This does not mean the	mode of dying, e.g.	DILETO OP AS	A CONSEQUENCE OF:		
	heart failure, asthenia, etc. Injury or complication which					
	ANTECEDENT	CAUSES	(B) URTE	ALME		
	DISEASES OR CONDITIO					
	rise to the above cau		10 ART	FROESCUTER	deis	
		1400	(C)			
Z	OTHER SIGNIFICANT CONDITI	ONS CONTRIBUTING				100000
# }	TO THE DEATH BUT NOT RELIDISEASE OR CONDITION GIVE	ATED TO THE TERMINAL				
CERTIFICATION	19A-DATE OF OPERATION		WHICH OPERATION	20A AUTOPSTE (Yes of	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
E	0			100		
	OR CONTRIBUTING CAUS	EOF he	me form, factory, street, c	in or about 21C, WHERE DID office bidg, INJURY OCCUR?	UF In Boitime	ore City, give exact location)
5	DEATH (notify medical examination)					
MEDICAL	OF INJURY (Month) (Day		E INJURY OCCURRED	21F. HOW DID IN	HURY OCCUR	
<	(APPROX.)		hile At Whi			Company of the Compan
	22. I certify that (1) (this	hospital) attended	the deceased from	as 01	19 <u>2</u> to	05 10 19 12
	that (1) (we) last saw the		2112		that In(my) (our) op	inton death occurred on the date
	and hour and from the car	uses stated above.	(I) (We) (did) (did not)	view the body after death	•	
1	23A. SIGNATURE	0				238, DATE SIGNED
	00	1281	/ Dh	ending Med. Director	Staff Phys.	5/20/72
	23C.PHYSICIAN'S		DEGREE ""	23D. ADDRESS		
	NAME (Type)	(10001)	()	2311	J. A (2	hat ST
24	A. BURIAL CREMATION, 248.	DATE 124C.N	IAME OF CEMETERY OF CH		LOCATION (City, town, or county) 15tate)
	REMOVAL (Specify)	toulan c	1 1 0	6.0 2	not.	md.
25	A. DATE REC'D BY HEALTH B	124 112 X	OF REGISTRAR	25 CLIM PRAY DIRECTO	Dayings	A / AODRESS #//
23	4070	Charles & You	L. KD	The 177 street	id los dhes	Ck1 d/11/2 1tt -
1	150-REV. 1/1/68	10000		C. Marine Carroll	TAYON CRING	101 Noceens xxx
- W				11.		Mark. 21223



BIE	R-263	,	72 04 MED			BALTIMORE CITY HE			F DEAT	H REG. NO	72	04850)_
	NAME OF DEC		L. Rich	nard			2. DATE OF DEATH	Known Estimoted	Month May	19,	1972	Hour 12:4	45 PI
FUI	PLACE IN BALT	(IF NO		AL OR INS	TITUTIO	N, GIVE STREET	3. DATE PRONOU	NCED DEAD	Month May	Doy 19, ved. # Institution B. COUNTY	Yeor 1972 on: residence b		M.
6.	SEX	7. RACE		B. MARE	RIED A	NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?						
Ma	ale/White	Wh	ite	WIDOV		_	Balti	more			YES 🔯	NO 🗆	
	ug 28,	1924	10. AGE (la lost birthdo 47		If Und Month	ler 1 Yr. If Under 24 Hrs. s, Doys , Hours , Min.		ND NUMBER Falls Ro	oad			10 []	
		ryla	nd		W	TIZEN OF		arroll		ds			
COM	USUAL OCCUP eduring most of we ecurity	rking lite, e	ven irrefired)			usiness or industry	15. MOTHER	's maiden n. Bro					
16. (Yes	WAS DECEASE , no or unknown) NO	D EVER IN	Wor or dotes	FORCES of service	5?	17. SOCIAL SECURITY NO 217-12-0181	18. INFORM	ant Lnia Ri	chards	3738	Falls	Road	-11
ATION	(This does no heart follure, injury or complete of the complet	EADING T I meen the osthenio, et olicotion wh TECEDENT R CONDIT ABOVE CA G CONDIT	r mode of dy c. It means the ich coused dec CAUSES IONS, IF ANY AUSE (A) STAT ION LAST.	Ing, e.g., disease, oth.) , GIVING ING THE		(A) IMMEDIATE CONTROL TO, OR A					DETWI	een onset and	DEATH
CERTIFICATION	OTHER SIGNII TO THE DEAT DISEASE OR C	ONDITION	TRELATED TO	THE TERM LRT 1 (A).	INAL	HICH OPERATION WA	C DEOLODIUS						
L CE	2		1 2051 COI	·DINOI1	rok w	HICH OPERATION WA	S PERFORME	:0			21. AUTOF	yes or t	No)
MEDIC	UNDERLYING LAU 22D. TIME (N OF INJURY (APPROX.) 5	SE OF DE	ITRIB-) 22E	ACE OF INJURY (e.g., form, foctory, street, office home JULY OCCURRED ILEAT NOT AT W.	3 /	C. WHERE DID JURY OCCUR? 38 Fall: F. HOW DID II	s Road;	bedroom		130	7
	ACTUAL SIGNATUI EXAMINEI NAME (Ty	d from:/ h	doturol cou	1	pit	Inspection Autoricident Sulcident M.D.	e Hon eputy Co Assist	ond that on nicide HIEF MEDICAL FANT MEDICAL	Undetermine EXAMINER EXAMINER	ned monner		DATE SIGNE	D
REA	BURIAL CREMA MOVAL (Specify Buria		24B. DATE 5/23/		Me	adowridge			Howar	d Co.,	mer y	and (Stote)	
25A	. DATE REC'D B	2.3.19	72 Roll			Geo, M.D.		Alan S			ADDRESS 18 Rola	and Av	e nu

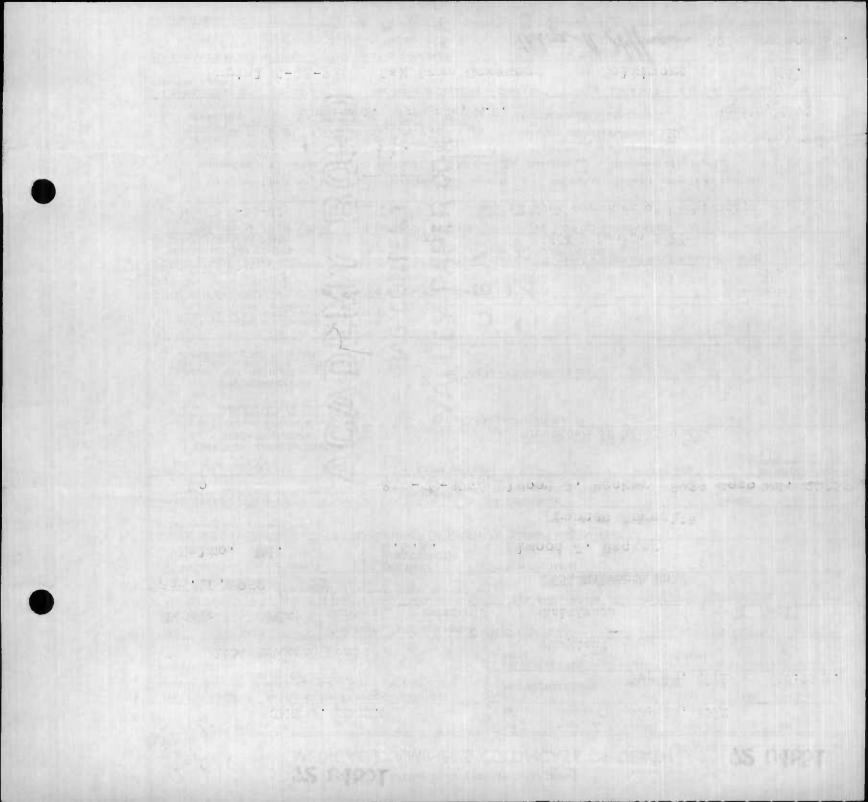
VS 151-REV. 1/1/68



B-260 72 04851 BALTIMORE CITY HEALTH DEPARTMENT

1 100			
MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH

000		WEL	PICAL	EXAMINER'S	LERTIF	CATE OF	DEAT	H REG. NO	12	0480) 1
I. NAME OF DE	CEASED				2. DATE	Known X	Month	Doy	Yeor	Hour	
(Type or Print)	J	TANE F.	BECK	ŒR	OF DEATH	Estimoted		18, 19		nour	
4. PLACE IN BAI	LTIMORE, MA	ARYLAND, Y	VHERE PR	ONOUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour	М.
FULL NAME OF HOSPITAL	(IF NO	T IN HOSPITA	AL OR INST	TITUTION, GIVE STREET	PRONC	UNCED DEAD	May	18, 19	72	10:5	5 A.M.
OR INSTITUTION	65/ Dal		Dand		5. USUAL	ESIDENCE (Where	e deceased l	ved. If instituti	on: residence		
4 4	654 Ral	WOLLII				Maryland				70	2
6. SEX	7. RACE			IED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?						
Female 9. DATE OF BIRT		ite	WIDOW	# Under 1 Yr. If Under 24 Hrs.		Baltimore	9		YES X	NO 🗌	
Jan. 10.		lost birthdo		Months, Doys, Hours, Min.	E. SIKEEI	AND NUMBER					
11. BIRTHPLACE (on country)		12. CITIZEN OF	13. FATHER	1654 Ralv	orth l	Road			100
Balto				WHAT COUNTRY?		ood J. B	ocker				
AA.USUAL OCCU	PATION (Giv	e kind of work	14B. KIND	OF BUSINESS OR INDUSTR							
done during most of v	working life, ev	en it retired)				Frances	Bors	ella			
16. WAS DECEAS	ED EVER IN	U.S. ARMED	FORCES	? 17. SOCIAL SECURITY NO.	18. INFOR				ADDRESS		
No	, , , , , , , , , ,	3, 01 00101		219-58-5276	Elwo	od J. Be	cker	8433	Coco	Rd. 2	21237
19.F 9 L	50.0	THE STATE		CAUSE OF DEA	тн					PPROXIMATE I	
	E OR COND		CTLY								
	LEADING TO		lno, e a .	(A)IMMEDIATE C		verdose of	barbi	turate			
heart foilure	, osthenio, etc.	. It meons the	discose,	DOE 10, OK /	AS A CONSEC	TUENCE OF:					
DISEASES	OR CONDITION	ONS. IF ANY	GIVING	(B) DUE TO, OR	AS A CONSE	QUENCE OF:					
RISE TO THE	E ABOVE CAL	USE (A) STAT	ING THE								
OTHER SIGN TO THE DEL DISEASE OR 20A. DATE OF				(c)							
OTHER SIGN	IFICANT CON										
DISEASE OR	ATH BUT NOT	GIVEN IN PA	RT 1 (A).	***************************************							
20A. DATE O	POPERATION	1 20B. CON	NOITION	FOR WHICH OPERATION WA	AS PERFORM	AED		THE	21. AUTO	PSY? (Yes	or No)
ب الم										No	
UNDERLYING	NAL CAUSE			22B. PLACE OF INJURY (e.g., home, lorm, foctory, street, office	In or obout a bldg., etc.)	NJURY OCCUR?	(il In Boltimo	re City, give e	cact location)	100	,
UTING CA		TH. (Year) (Hour	Home		1654 Ralw	orth F	load	7	00	-
OF INJURY	5-18-7		2	WHILE AT NOT	WHILE -						
23.	5 10 7	_	•	m. WORK L. AT W	ORK LAL.	ppk overd	ose or	barbit	urate		
1 cert	ify that I he	eld on l	nquiry [Inspection X Au	topsy 🗌	ond that on th	his basis,	death In m	opinian		
resul	ted from: N	atural cau	205	Accident Sulcid	• 🔯 H	omicide 🔲	Undetermi	ned monner			
ACTUAL	a	1 1	1)	1)	-	CHIEF MEDICAL E	XAMINER			DATE SIG	
SIGNATI	1 1	Mes.	7.	Yarmyatimo	ASS	STANT MEDICAL E	XAMINER	K		DATE SIG	MED
EXAMIN NAME (1	(ype)		rles	S. Springate, M			XAMINER		May 18	, 1972	2
24A. BURIAL CREI REMOVAL (Speci	fy)	48. DATE		24C. NAME of CEMETERY			LOCATION		n, or county) (Sto	ote)
Bu	rial	5-22-		Oak Lawn Ce	meter	y B	altim	ore		Md.	
25A. DATE REC'D	23 19	72 Pak	25B. N	AME OF REGISTRAR	25G.	lma ll.	Poffm.		ADDRESS 3218 H	udsor	st.
/S 151-REV. 1/1/68	3		1/1	4 150 24		0 1 0	3				
			. //	101.0							

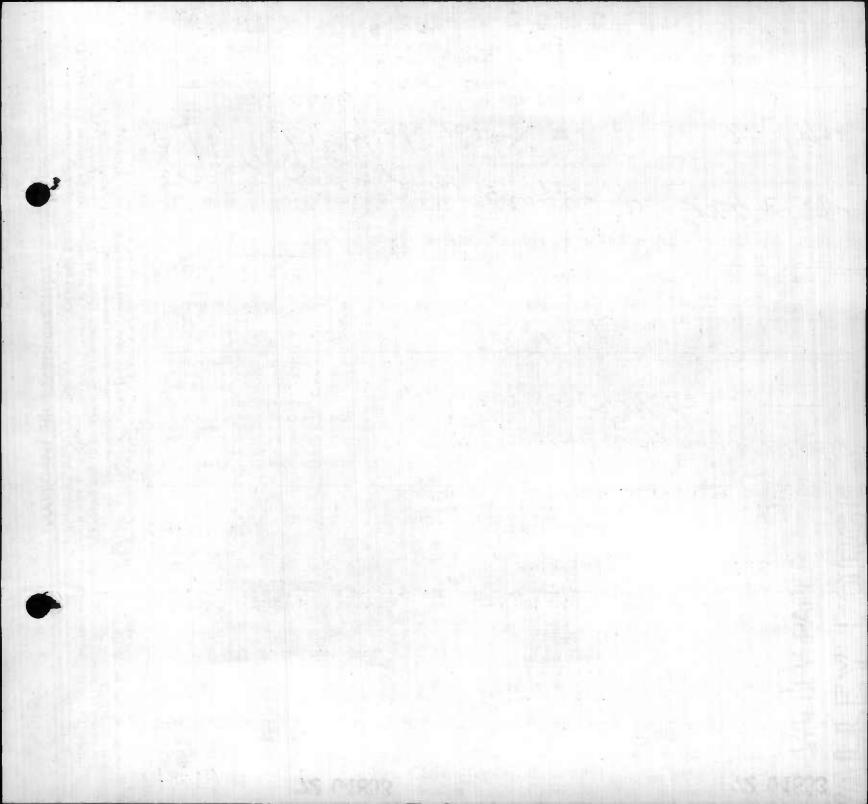


was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

0	1				HEALTH DEPARTMENT		72 04852			
BIR	1-66C		2 048	352 CERTIFICA		REG. NO	74 U100C			
	AME OF DECE	ASED			2. DATE A	ND HOUR OF DEATH	D .			
	TO THIND	MOWRY, JES	SE J	AMES		5-18-	77 / A M.			
		IMORE, MARYLAND, W			4. USUAL RESIDENCE (Wh A. STATE B. COU		nstitution: residence before admission)			
HO	SPITAL OR	ADDRESS OR LOCA	AL OR INST	TITUTION, GIVE STREET	MARYTAND C. CITY OR TOWN	In INIC	IDE CITY LIMITS?			
INS	VE	eterans Admin			BALTIMORE YES NO					
2	2 39	000 Loch Rave	n Blvd		E. STREET AND NUMBER					
	Ba	altimore, Mar	yland		5205 Ashland Avenue					
S. S	EX	6. RACE	7. MARRIE	D NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Doys Hours Min.			
M	ALE	CATUCASIAN	WIDOWE	DIVORCED	11/26/97	75				
			10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY?			
don	pluring most of w	vorking life, even if stired)	80	en Venus	WEST VIRGI	NIA	USA			
13.	FATHER'S NAM	AE .	· ca	A	14. MOTHER'S MAIDEN NA	AME				
DA	VID C. 1	MOWRY			MARGARET S	HREVE				
15.	Wos Deceosed	Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS			
(Tes	YES	(If yes, give wor or dote	s of setaice	173-26-2085	ET.TN PCDS VAH	RATITIMORE	MARYLAND 21218			
	18/ / /	711112		CAUSE OF DEAT		, DUTITIOIS	APPROXIMATE INTERVAL			
	211	S I	DECTLY	0,1002 0, 52,11			BETWEEN ONSET AND DEATH			
		E OR CONDITION DI LEADING TO DEATH	KECILI		CONCROMENTE II	TO A TOTAL TO A TOTAL A COM	30 1			
	(This does no	ol meon the made of	dying, e.	9. DUE TO OR AS	A CONSEQUENCE OF:	EART FALLURE	18 hrs			
		asthenia, etc. II means plicolian which caused		ie,						
		ANTECEDENT CAUSES								
				(BR/Q MYQC	ARDIAL INFARCTI	ON	18 hrs			
		R CONDITIONS, il		-	A CONSEQUENCE OF:					
		CONDITION lost.		(c)		* 4.4 - A = 0.4 4 = 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0				
		11		RTT.ATERA	L INGUINAL HERN	ΤΔ				
O		CANT CONDITIONS CO		G GEOGET C	IGMOID POLYP	11.				
AT	DISEASE OR CO	ONDITION GIVEN IN PAR	RT 1 (A).			T. W 4.0				
CERTIFICATION	19A. DATE OF	OPERATION 198 CON	FORMED ST	GMOID POLYP	NO	IN CERTIFYING CA	FINDINGS CONSIDERED LUSES OF DEATH?			
CER	21A. ACCIDEN	T WAS UNDERLYING			in or obout 21 C. WHERE DID	(If in Boltimo	re City, give exoct location)			
	OR CONTRIBU	TING CAUSE OF	h	ome, form, foctory, street, o	ffice bldg., INJURY OCCUR?	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, o day, give once to concer,			
EDICAL										
MED	OF INJURY	(Month) (Doy) (Year)		Not White AL	21 F. HOW DID IN	JURY OCCUR?				
<	(APPROX.)			While AI Not Whi Nork At Work	l* 🔲					
	22. 1 certify	that (4) (this haspita	l) attended	the deceased from	May 8	19 72 to Ma	y 18, 1972,			
	that (W) (we)	last saw the decease	ed alive ar	May 18,	19 72 and t	that in (aur) ap	inian death accurred an the date			
					view the bady after death.					
	23A. SIGNATU		0	1,3-(-), (-)-			23B. DATE SIGNED			
		0	y-		ending Med.	Shaff Phys.	5/20/72			
	23 C. PHYSICIA	N° c	<u> </u>	aegree Phy	23D. ADDRESS	Phys. War	7/20/12			
	PANE (T)				Carried State (Notice Lab					
2.11	400141 0000	JUAN LORA,		I.D. OEGREE	VAH, BALTIMORE		21218			
244	REMOVAL IS	MATION, 24B. DATE	24C.	NAME OF CEMETERY OF CR	EMATORY 24D	LOCATION 1	City, town, or county) (Stote)			
1	June	X S/m	YC	Kerry Hell	Cem 7	laukken	w. Val.			
290	. DATE REC'D	BY HEALTH DEPT.	258 NAM	E/OF REGISTRAR	25C. PUNERAL DIRECTO	99	ADDRESS			
	CYAM	Today	الله الله	The state of the s	tothed h- ks	Emanco,	Severna M, had			
VS	150-19-1/1/8		- 7	1 63 4	1785 0/11/	11				

per VA H; Scallo ST Sunal Story Chary Hell Com Franklin 16

BIRTH NO.			CERTIFICA		1	
Type or Print)	AMY R.	PYLE			and hour of deat 8 May 1972	10 A.
3. PLACE IN BA	ALTIMORE MARYLAND,		JNCED DEAD	4. USUAL RESIDENCE (W	here deceased lived. If	institution: residence before admission
				Md. B. COL	alto.	5000
FULL NAME OF	F (IF NOT IN HOSP ADDRESS OR LOG	TTAL OR INSTITU	JTION, GIVE STREET	C. CITY OR TOWN		ISIDE CIDY HANTES
NOITUTION	Long Green I	Mameine L	Iomo		D. 10	VSIDE CITY LIMITS? YES NO X
40	115 E. Melro		IOME	Dunidalk E. STREET AND NUMBER		YES NO X
10	TIO E. MEIL	ose ave.				
. SEX	6. RACE	7. MARRIED		60 Kinship R	9. AGE (In years	If Under 1 Yr., If Under 24 H
					lost birthdoyl	Months Doys Hours Min.
Female		WIDOWED		6 Oct 1888	83	12. CITIZEN OF WHAT COUNT
	of working life, even if retired		BOSINESS OR INDOSIR	TI. BIKITITEACE (Store of to	stergii Coomiy/	12. CHIZEN OF WHAT COOK!
housewif	e			Pennsylvani		U.S.A.
3. FATHER'S NA	AME			14. MOTHER'S MAIDEN N		
unobtair	(alder			(unobtainable)		
5. Was Decease	ed Ever in U. S. Armed F	erces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
	vn) (If yes, give wor or do	otes of service)	SECURITY NO.			XXXX
no			213-07-5879B CAUSE OF DEAT		a Luttrell,	1230 Ramblewood Re
DISEASES	ANTECEDENT CAUSI OR CONDITIONS, if	ES ony, giving	(8)DUE TO, OR A	EVINC OF:	othertes	,
DISEASES rise to I UNDERLYIN OTHER SIGN TO THE DEA	ANTECEDENT CAUSI OR CONDITIONS, if the obove couse (A NG CONDITION Iost. II IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	ed deoth.) ES i ony, giving i) sloting the CONTRIBUTING ITHE TERMINAL ART 1 (A).	(C)	Bed	olhulis	PE EINDINGS CONSIDERED
DISEASES rise to I UNDERLYIN OTHER SIGN TO THE DEA	ANTECEDENT CAUSI OR CONDITIONS, if the obove couse (A NG CONDITION lost. III III III III III III III III III	ed deoth.) ES i ony, giving i) sloting the CONTRIBUTING ITHE TERMINAL ART 1 (A).	(C)	S A CONSEQUENCE OF:		RE FINDINGS CONSIDERED CAUSES OF DEATH?
DISEASES iise Io I UN DERLYIN OTHER SIGN TO THE DE/ DISEASE OR 19 A. DATE OF OR CONTRIL	ANTECEDENT CAUSI OR CONDITIONS, if the obove couse (A NG CONDITION lost. III III III III III III III III III	ed deoth.) ES ony, giving the one of the terminal art 1 (A). NOTIFICATION FOR VERFORMED	VHICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, ce, form, fo	Bed	IN CERTIFYING C	RE FINDINGS CONSIDERED CAUSES OF DEATH?
DISEASES iise Io I UN DERLYIN TO THE DEA DISEASE OR 19 A. DATE OF 21 A. A CCID OR CONTRI DEATH (notice) 21 D. TIME	ANTECEDENT CAUSI OR CONDITIONS, if the obove couse (A NG CONDITION Jost. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	ed deoth.) ES ony, giving the one of the terminal art 1 (A). ONTRIBUTING THE TERMINAL ART 1 (A). ONTRIBUTING THE TERMINAL ART 1 (A). ONTRIBUTING THE TERMINAL ART 1 (A).	VHICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, ce, form, fo	20A. AUTOPSY? (Yes or	(If In Bolting	CAUSES OF DEATH?
DISEASES iise lo I UN DERLYIN OTHER SIGN TO THE DEA DISEASE OR 19 A. DATE OF 21 A. A CCID OR CONTRI DEATH (noti	ANTECEDENT CAUSI OR CONDITIONS, if the obove couse (A NG CONDITION Iost. II IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	ed deoth.) ES i ony, giving the soling the soling the terminal ART 1 (A). DINDITION FOR VERFORMED 21B, hometc.	WHICH OPERATION PLACE OF INJURY (e.g., e, form, foctory, street, o	20 A. AUTOPSY? (Yes or in or obout 21 C. WHERE DID office bidg., INJURY OCCUR?	(If In Bolting	CAUSES OF DEATH?
DISEASES rise to I UNDERLYIN OTHER SIGN TO THE DEA DISEASE OR 19 A. DATE OF 21 A. A CCID OR CONTRIL DEATH (noti	ANTECEDENT CAUSI OR CONDITIONS, if the obove couse (A NG CONDITION Iost. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	ed deoth.) ES i ony, giving the state of the terminal art 1 (A). DINDITION FOR VERFORMED 218, hometc. if) (Hour) 21E, Whi	WHICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, form,	20 A. AUTOPSY? (Yes or in or obout 21 C. WHERE DID office bidg., INJURY OCCUR?	(If In Bolting	CAUSES OF DEATH?
DISEASES iise lo I UNDERLYIN OTHER SIGN TO THE DEA DISEASE OR 19 A. DATE OF OR CONTRIL DEATH (noti	OR CONDITIONS, if the obove couse (A NG CONDITION Iost. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	ed deoth.) ES i ony, giving the one of the terminal art 1 (A). ONTRIBUTING THE TERMINAL ART 1 (A). INDITION FOR VERFORMED 218, hom etc.; ii) (Hour) 21E. Wh. Wo.	WHICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, form, foctory, foctory, form, foctory, foctory, form, foctory, foctory, form, foctory, focto	20A. AUTOPSY? (Yes or in or obout 21C. WHERE DID office bidg., INJURY OCCUR?	IN CERTIFYING C	May 18
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DISEASES iise Io I UNDERLYIN TO THE DEA DISEASE OR TO THE DEA OR CONTRI DEATH (notice) TO THE DEA TO THE D	ANTECEDENT CAUSE OR CONDITIONS, if the obove couse (A NG CONDITION Iost. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	ony, giving the ony, giving the solutions of the terminal art 1 (a). ONTRIBUTING the terminal art 1 (a). ONTRIBUTING the terminal art 1 (a). ONTRIBUTING the terminal art 1 (a). ONTRIBUTING the terminal art 1 (a). ONTRIBUTING the terminal art 1 (a). ONTRIBUTING the terminal art 1 (a).	WHICH OPERATION PLACE OF INJURY (e.g., e., form, foctory, street, or injury occurred has been been been been been been been bee	20A. AUTOPSY? (Yes or in or obout 21C. WHERE DID office bidg., INJURY OCCUR? 21F. HOW DID IT of the bidg of the death of the bidg of the death of the bidg of the	IN CERTIFYING CO., IN CERTIFYING	more City, give exact location) May 8 19 7 Ipinion death accurred on the d 23B. DATE SIGNED WARNA 19 7 (City, town, or county) (State)



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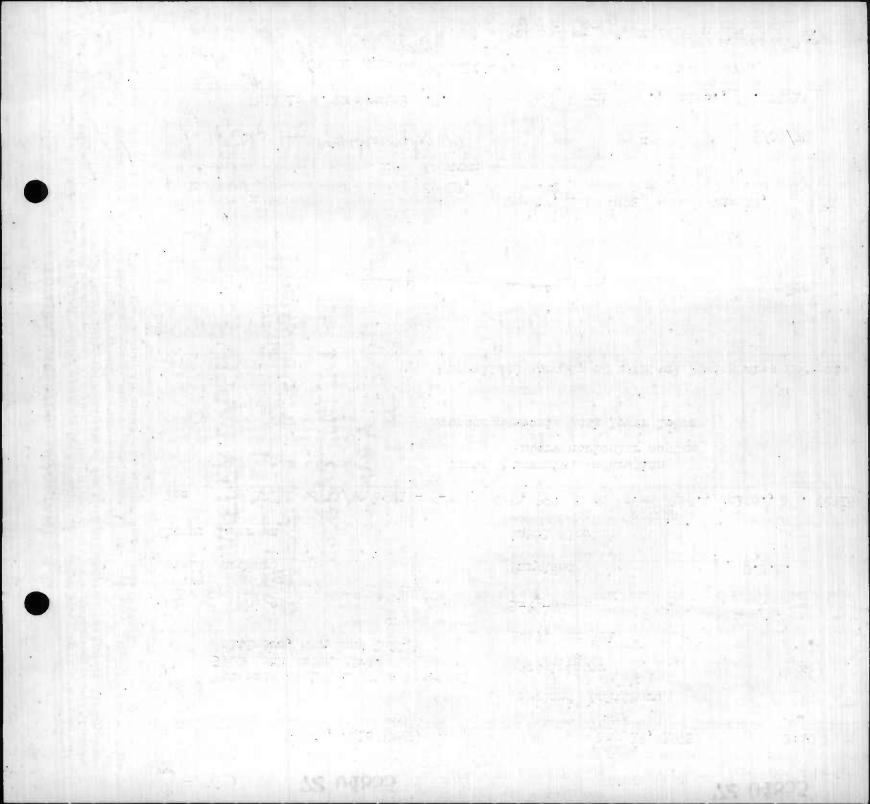
was D.O.A. of a hospital (except where the physicion who pronounced death was in regular attendance on the deceased prior to death); and (6) No physicion was in regular offendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by o medical examiner. Also, if the direct or contributing couse of deoth shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical exominer or his assistant if deoth occurred in o hospitol and

	1	BALTIMORE CITY	HEALTH DEPARTMENT	
	an No.	354 CERTIFICA		16 01004
	Pe or Print) MC DOLUTE I Succession	n I ambonton	2, DATE AND HOUR OF DEAT	
3	PLACE IN BALTIMORE, MARYLAND, WHERE PR		May 16, 1972	
FU	ILL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION) STITUTION		Maryland	27/4 uside city limits?
K	J.S. PHS HOSPITAL		Baltimore E. STREET AND NUMBER 311 Oakdale Road	YESZ NO .
5.	SEX 6. RACE 7. MAD	NIED O ALEWED WARRIED O	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
	Female White WIDO	RIED NEVER MARRIED DIVORCED DIVORCED	Nov. 15,1950 21	Months Doys Hours Min.
	A. USUAL OCCUPATION (Give kind of work) 10B, KIN ne during most of working life, even if refired) HOUSEWIFE	D OF BOSINESS OF INDUSTRE	Florida	U.S.A.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	J. Louis Lamberton		Mary Thomas	
15. (Ye	Was Deceased Ever in U. S. Armed Forces?		17. INFORMANT	ADDRESS
	NO	263 92 278	Med Records US PHS H	OSPITAL, Balto Mo
7	LEADING TO DEATH (This does not mean the made all dying, heart latiture, asthenia, etc. It means the distinitury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, it any, givise to the abave cause (A) stating UNDERLYING CONDITION last.	(B)	USE Hodgkin's Disease, ST A CONSEQUENCE OF: A CONSEQUENCE OF: epatitis	TAGE 3 years IV D Terminal
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A).	NAL Multipl	e kidney abscesses	Terminal
CERTIFIC	19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	YES 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WER IN CERTERING C	E FINDINGS CONSIDERED CAUSES OF DEATH?
CAL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, o etc.)	in or about 21 C. WHERE DID (If in Boltim ffice bldg., INJURY OCCUR?	nore City, give exoct locotion)
MEDI	21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	While At Not While At Work	21F. HOW DID INJURY OCCUR?	
	22. I certify that MY(this hospital) attend that (1) (we) last saw the deceased allive and hour and fram the couses stated observables. M 23A. SIGNATURE Manual M DeMoraes Ruehsen, M	on May 16 vo. (V (We) (did) (d/d/not) voas fullin	19 7.2 ond that in (n/y) (our) o	plnion death occurred on the date 238. DATE SIGNED 5-16-72
	23C.PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS US PHS HOSPITAL, Balt	
24/	* * *	DEGREE 4C. NAME of CEMETERY OF CR		(City, town, or county) (State)
25/	BURIAL 5/19/72 A. DATE REC'D BY HEALTH DEPT. 258.NA MAY 23 1972	WOODLAWN CEM	ETERY ORLANDO, F	ime-Balto.
VS	150-REV. 1/1/6B		T. Catter Till - Cold Dougle - C	rlando, Fla.

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Written approval must be obtained before the remains are embalmed of final disposition is made.
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death
This certificate must be approved by the chief medical examiner or his assistant it aeath occurred in a nospiral and

B-650 72 U48	BALTIMORE CITY	Y HEALTH DEPARTMENT	72 04855
B-650 72 U48	CERTIFICA	TE OF DEATH REG. NO	0
BIRTH NO.	CERTITIO	2, DATE AND HOUR OF DE	ATU
(Type or Print) BROWN, Gale	e (NMI)	May 19, 197	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO		4. USUAL RESIDENCE (Where deceased lived.	
		/	1800145600
FULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	Maryland Baltimore	INSIDE CITY LIMITS?
INSTITUTION Veterans Administrat	tion Hospital		YES NO DO
3900 Loch Raven Blv	1.	Westminister E. STREET AND NUMBER	TES NO &
Baltimore, Maryland	21218		
	ED X NEVER MARRIED	RD 7, Box 321B 8. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr., 1f Under 24 Hrs.
MARK		lost birthdoy)	Months Doys Hours Min.
Male White WIDOW 10A, USUAL OCCUPATION (Give kind of work) 108, KIND		3-26-08 64	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	OF BOSHIESS OR HIDOSIKI	11. Dikini LACE (Since of foreign country)	12. CHIZEN OF WHAT COUNTRY
Retail Hardware		Maryland	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Thomas C. Brown		Mabel Fier	
15, Was Deceased Ever in U. S. Armed Faices?	1 6. SOCIAL	17. INFORMANT Records	ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service		VAH, 3900 Loch Raven Blv	d Balto Md 21218
Yes 5/19/42 to 11/10,			
18. 3 4 7, 1	CAUSE OF DEAT		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		Myocardial Infarction	
LEADING TO DEATH	(A)IMMEDIATE CA	USE Interventricular septi	am
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dise		pneumonia both lower lobe	
injury ar camplication which coused death.)	proneno	buenmoura poru romer room	35
ANTECEDENT CAUSES	(8)		
DISEASES OR CONDITIONS, if any, give		A CONSEQUENCE OF:	
rise fa the above cause (A) sfating UNDERLYING CONDITION last.	General	ized atrophy of cerebral	hemispheres moderate
14	(0/		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN	NG.		
TO THE DEATH BUT NOT RELATED TO THE TERMIN			
	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 208. IF YES, W	ERE FINDINGS CONSIDERED
198. CONDITION FOR SPERFORMED		Yes IN CERTIFYING	CAUSES OF DEATH?
U 21 A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g.,	in or about 21C. WHERE DID (If in 80	Itimore City, give exoct location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	home, form, foctory, street, o	office bldg., fNJURY OCCUR?	
0		235 110 11 2 11 2 11 2 11 2 11 2 11 2 11 2	
OF INJURY (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX)	While At Work Not Whi	le 🔲	
22. I certify that (4) (this haspital) attended	ed the deceased fram	May 17, 1972 to	May 19, 19 72.
that N) (we) last saw the deceased alive		19. 72 and that in 0600 (gur	apinian death accurred an the date
and haur and fram the causes stated above	e. (M. (4.6) (qiq) (bricyth)	view the body offer death.	23B. DATE SIGNED
Minin A mail	lowerly UND AM	ending Med. Staff	
brondo La	DEGREE Phy	ending Med. Shaff ys. Director Phys.	5/20/72
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	
Phillip A. Mack	owiak M.D.	3900 loch Raven Blvd., Ba	alto. Md. 21218
24A. BURIAL CREMATION, 24B. DATE 240	. NAME of CEMETERY OF CR	EMATORY 24D, LOCATION	(City, town, or county) (State)
REMOVAL (Specily)	Meadow Branch	Cenetery westminste	n, Told.
Salar Care Conse	AS OF REGISTRAR	P. O. A. Hay seed. At. O.	91 willis Street,
MINING WILL	1 7 0 1)	Moreca Maria mas or.	Westmensky, may.



contributing Undetermined regular deceased (4) death uo 0 0 attend of 20 5 0 5 _ physician Was physician Body where hospital °Z any nature; and (6) Nobtained (except

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accident

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the body was D.O.

death Deceased

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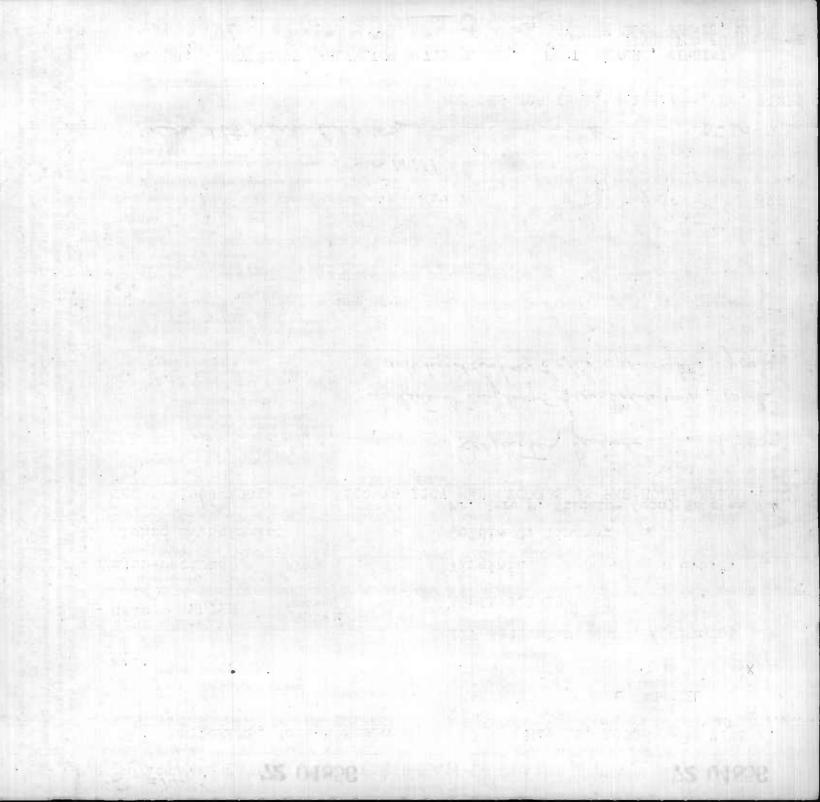
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BALTIMORE CITY HEALTH DEPARTMENT 72 04856 CERTIFICATE OF DEATH REG. NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) May 19, 1972 STICKLES, Joseph Mason 7:45 USUAL RESIDENCE (Where decrosed lived, Il institution; residence before admission) 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD B. COUNTY A STATE MARYLAND ANNE ARLINDEL FULL NAME OF HE NOT IN HOSPITAL OR INSTITUTION. GIVE STREET HOSPITAL OR ADDRESS OR LOCATION CITY OR TOWN D. INSIDE CITY LIMITS? Glen Burnie NOX U.S. PHS HOSPITAL YES T F. STREET AND NUMBER Gatewater Court. Apartment 6. RACE 9. AGE (In veors If Under 1 Yr. If Under 24 Hrs. SEX 7. MARRIED NEVER MARRIED Male last birthday) WHITE WIDOWED DIVORCED April 3,1919 53 INA USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working lile, even if retired Major-retired Virginia U.S.A. Army 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME Goldie C. Tinsman Alonzo H. Stickles 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. Mr. Garv M. Stickles (son) Same as # 223 14 2207 Med RECORDS US PHS HOSP; BALTO., MD 1939-1961 YES CAUSE OF DEATH APPROXIMATE INTERVAL RETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the made of dying, e.g., hearl failure, osthenia, etc. It means the disease, injury or camplication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION Inst. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 198, CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, larm, factory, street, alfice bldg., INJURY OCCUR? (If in Boltimore City, give exact location) MEDICAL DEATH (notify medical examiner) etc.) 21 D. TIME 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (Month) (Doy) (Year) (Hour) OF INJURY Not While While At (APPROX.) At Work 19 72 to May 19 22. I certify that (1) (this hospital) attended the deceased from May 7. 19.72 that (1) (we) lost sow the deceased alive on May 19 ... and that in (my) (our) opinion death accurred an the date ond hour and from the couses stated above. (1/ (We) (did) /d/d/n/t)/view the body after death. 23A, SIGNATURE 23 B. DATE SIGNED Attending [Med. Director 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) US PHS HOSPITAL, Baltimore, Md. 21211 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify)

MAY 23/72 ARLINGTON NAT BURTAL 25A. DATE REC'D BY HEALTH DEPT. MEYER VIRGINIA SINGLETON FORKAL HOME GLEN BURNIE, MARYLAND VS 150-REV. 1/1/68



bvs

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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0	- page	BALTIMORE CITY	HEALTH DEPARTMENT	- 1	72 04857	
BIRTH NO. 72 048	01	CERTIFICA	TE OF DEATH	REG. NO.		
1. NAME OF DECEASED			2. DATE AND	HOUR OF DEAT	Н	
BARNETT, John Cl 3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	are	nce DEAD	May 1	deceased lived. If	institution: residence before admission)	
FULL NAME OF (IF NOT IN HOSPITAL OR I HOSPITAL OR ADDRESS OR LOCATION)	INSTITU	TION, GIVE STREET	Maryland	MILI	NSIDE CITY LIMITS?	
U.S. PHS HOSPITAL				D. 11	YES NO	
U.S. PhS hUSPITAL			Baltimore E. STREET AND NUMBER 275 Baltimor	A		
\times Γ						
Male White WIDO	WED [DIVORCED	May 10, 1914	. AGE (In years ost birthday) 58	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	
10A, USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working life, even if retired)	ND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?	
Steel Worker-Retired	St	eel	West Virgini		U.S.A.	
Walter Barnett			Elizabeth Le			
IS. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of ser	rvice)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
7010 7015		232 16 7770	Med Records	IIS PHS	HOSPITAL, BaltoM	
VES 1942-1945	120	CAUSE OF DEATH		00 1110	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
LEADING TO DEATH		AND MANAGORATE CALL	Fneumonia		days	
(This does not meen the mode of dying,		DUE TO, OR AS	ISE Pneumonia A CONSEQUENCE OF:			
heort foilure, osthenio, etc. It means the dis injury or complication which coused death.)						
ANTECEDENT CAUSES		. Acute	mvelocytic le	ukemia	months	
DISEASES OR CONDITIONS, if ony,	giving	DUE TO, OR AS	myelocytic le	arciii	mon chi	
rise to the obove couse (A) sloting UNDERLYING CONDITION lost.	the	(c) Conges	tive heart fa	ilure	days	
OTHER SIGNIFICANT CONDITIONS CONTRIBUT		Myocar	ditis		days	
TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).						
198. CONDITION WAS PERFORMED		HICH OPERATION	YES	IN CERTIFYING O	RE FINDINGS CONSIDERED CAUSES OF DEATH?	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. home	PLACE OF INJURY (e.g., is p., form, foctory, street, of	n or about 21C. WHERE DID fice bidg., INJURY OCCUR?	(If in Boltin	nore City, give exoct location)	
Q 21 D. TIME (Month) (Day) (Year) (Hour)	21 E.	INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?		
OF INJURY (APPROX.)	Whil	Not While				
	44 OIK	AT WORK		83	30	
22. I certify that (I) (this haspital) atten				9 71 to Ma	-	
that (1) (we) last saw the deceased alive	e an	May 19	19_7_2and tha	t in (shy) (aur) a	pinlon death occurred an the date	
and haur and fram the causes stoted oba	ve. (y)	(We) (did) (did/npty v	lew the body ofter deoth.			
23A. SIGNATURE	/				23B. DATE SIGNED	
4 In Contract	-	M.D. Atte	nding Med. Director	Shaff Shys.	5-19-72	
28C. PHYSICIAN'S NAME (Type)			23D. ADDRESS		D-7+- M3	
John Sutherland, M 24A. BURIAL CREMATION, 248. DATE 2	D.	DEGREE ME of CEMETERY OF CRE	3100 Wyman Pa		(City, town, or county) (Stole)	
Burial 5-22-72		dmore Cemeter			t Virginia	
		FREGISTRAR	2SC. FUNERAL DIRECTOR		ADDRESS	
VS 150 100 R.B. B & Co.	Best	MA 0 0 0	The second secon	bard-4107	Wilkens Ave. 21229	

AS ORDER SEE SEE SEE SEE

the bady was released ta the hospital by a medical examiner. Also, if the direct ar contributing cause af death shaws: (1) An accident of any nature; (2) Bady burns; (3) A fracture af any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a haspital (except where the physician wha pronaunced death was in regular attendance on the deceased priar to death); and (6) Na physician was in regular attendance an the deceased priar ta death. Such written appraval must be abtained befare the remains are embalmed ar final dispasition is made. This certificate must be appraved by the chief medical examiner ar his assistant if death occurred in a haspital and

4-6	10 72	U485	8	HEALTH DEPARTMENT	REG. NO.	72 04858
BIRTH NO.			CERTIFICA	TE OF DEATH		
1, NAME OF (Typo or Print)		A: H	ARVEY		AND HOUR OF DEATI	Н
2 BLACE IN	BALTIMORE MARYLAND, W			May	,	institution: residence before admission)
3. PLACE IN	BALLIMORE, MARILAND, W	HERE PRONO	UNCED DEAD	A. STATE B. CO	UNTY	100 0
FULL NAME	OF (IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	Maryland		170-
INSTITUTION				C. CITY OR TOWN	D. IN	ISIDE CITY LIMITS?
24	Bon Secours	Hospita	1	Baltimore E. STREET AND NUMBER		YES X NO
9 1				539 S. Fulto		
S. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	Il Under 1 Yr. , If Under 24 Hrs.
Male	White	WIDOWED		8-17-1908	lost birthday	Months Doys Hours Min.
	CCUPATION (Give kind of work	108. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State or 1	oroign country)	12. CITIZEN OF WHAT COUNTRY
	st of working life, even if retired)			Man. 1 a. 3		TY C A
Retir				Maryland 14. MOTHER'S MAIDEN N	LAAAF	U.S.A.
	ohn B. Harvey		11 (20 ()))	Lillie Ma	ae Lewis	ADDRESS
Yes, no or unki	osed Ever in U.S. Armed For nown) (II yes, give wor or dote	cesf es of servico)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
Yes	M M II		216-07-1632	Mrs. Therese	Harvey, 539	S. Fulton Ave. 2122
18. 4	10.91		CAUSE OF DEAT			APPROXIMATE INTERVAL
/ Di	SEASE OR CONDITION DI	RECTLY	1200	de Cadice	arrest-	Man S.
(Thin do	LEADING TO DEATH	dutas as	(A) IMMEDIATE CAL	SE		3
heart fail	es nat meon the mode of ure, asthenia, etc. It means	the diseose,	500,011	A CONSEQUENCE OF:	41	
injury or	complication which coused		Possit	e Hente los	warmy I have	וינטל
	ANTECEDENT CAUSES		(B)		0	
	S OR CONDITIONS, if		DUE TO, OR AS	A CONSEQUENCE OF:	0.4	
	The above couse (A) YING CONDITION lost.	slotting the	(c) 1976	201) 4 A340.	. Trule en	ungru
	- 11		(- / - / - / - / - / - / - / - / - / -			
O OTHER SI	GNIFICANT CONDITIONS CO	NTRIBUTING				
# I TO THE D	DEATH BUT NOT RELATED TO T OR CONDITION GIVEN IN PAR					
U 19A. DAT	E OF OPERATION 198. CON	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 208. IF YES, WER	E FINDINGS CONSIDERED
OR CON	CIDENT WAS UNDERLYING TRIBUTING CAUSE OF	218	B. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(II in Boltim	ore City, give exact location)
	notify modical examiner	etc.				
21D. TIM		(Hour) 21 E	. INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
OF INJUI		Wi	nile At Not Whi	• 🗖		
22 1				7 16	1071 C	-18 .72
	tify that (1) (this hospital		-1-10	1972 and	19 11 to 3.5	
thot (I) ((we) last saw the decease	d alive on		and	that in (my) (our) o	pinion deoth occurred on the dote
	r ond from the couses sto	red obove. (1) (We) (did) (did not) v	lew the body ofter deot	h	
23A. SIGN	ATURE					23 B. DATE SIGNED
1	m Helice	_ 4	OEGREE Phy	ending Med. Director	Staff Phys.	5-19-72
23 C. PHYS	AF (Type)			23D. ADDRESS		
IVAN	Marcelli	no Alb		2032 Wilkens	Avenue, Bal	to., Md. 21223
24A. BURIAL	CREMATION, 248. DATE	24C. N	AME of CEMETERY or CR	EMATORY 24D	LOCATION (City, town, or county) (State)
Buria1	5-22-19	72 To	udon Park Ceme	etery B	altimore, Ma	
	EC'D BY HEALTH DERT.		OF REGISTRAR	25C. FUNERAL DIRECT		ADDRESS
V5.22	29 1079 (Pake. C	E col	- A 53			
(C. 160. DCV	NO WILL	1	3	nowerd m. H	board, 410/	Wilkens Ave. 21229
/S 150_REV.	I/I/nX				7G	

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is a facility of press of press of state and the same.

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	· ,,	^		BALTIMORE CITY	HEALTH DEPARTMENT		70 040	250
BIR	5-46 TH NO.	16	U485	9 CERTIFICA	TE OF DEATH		72 048	59
	Pe or Print)	6 EORGE	5,	FILER	2. DATE AN	D HOUR OF DEATH	Tin	AA
3.		LTIMORE MARYLAN			4. USUAL RESIDENCE (Who		institution; residence be	efore admission)
HC	LL NAME OF	(IF NOT IN HO	OSPITAL OR IN LOCATION)	STITUTION, GIVE STREET	Maryland C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?	,002
5	OUTH	BATTHON	re 60	EN. HOSPIM	Baltimore E. STREET AND NUMBER 1611 (Larkso	on Street	YES A	
5. 9	SEX AA	6. RACE	7. AA A DE	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , II	Under 24 Hrs.
	74	WHIT	E WIDOI	WED DIVORCED	3-16-98	lost birthdoy)	Months Doys Ho	
		CUPATION (Give kind of working life, even if ret		D OF BUSINESS OR INDUSTRY		ign country)	12. CITIZEN OF WI	
1	Reto Sh	ipping cler	k -		Maryland		u.s.	,A.
13.	FATHER'S NA	car Seiler			Elizabeth			
15. (Ye	Was Decease	d Ever in U. S, Arme	d Forces? r dotes of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
	no	7//		anknown	Maybell Seil	er 1611	Clarkson S	treet
TION	DISEASES rise la II UNDERLYIN OTHER SIGNITO THE DEA	MPLICATION WHICH CO ANTECEDENT CAL OR CONDITIONS, 10 obove cause G CONDITION las 11 FICANT CONDITIONS 1H BUT NOT RELATED	if any, gi (A) slating I. CONTRIBUTI	(c) P05T	D T CHRONIC A CONSEQUENCE OF: CVA — MU			>
ERTIFICA				OR WHICH OPERATION	20A. AUTOPSY? (Yes or No		FINDINGS CONSIDE AUSES OF DEATH?	RED
AL CER	OR CONTRI	ENT WAS UNDERLYI UTING CAUSE OF	NG 🗌	218. PLACE OF INJURY (e.g., i home, form, foctory, street, of etc.)	n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltime	ore City, give exact loca	ition)
MEDIC	21 D. TIME OF INJURY	(Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?		
<	(APPROX.)			While At At Work	° 🗆			
	that (I) (we and haur ar 23A. SIGNAT) last saw the dec and from the causes URE	eased alive stated abov	e. (1) (We) (did) (did nat) v	nding Med. Director 23D. ADDRESS	at in (my) (aut) as	23B. DATE SIGNED	2, 1972
24		EMATION, 24B. DAT	DE VA	C. NAME of CEMETERY OF CRI	MATORY 24D. L	OCATION (City, lown, or countyl	(Stole)
	Burial	5/2		akeview Memoria	l Park	Carro	oll County	Md.
	150-REV. 1/1	BY HEALTH DEPT.	258. NA	MR OF REGISTRAR	Park 25C. FUNERAL DIRECTOR Mc Cully Fune	nal Home 13	80 E. Font Av	SS

		e	usin kunsusi Para 130 j	None A
	1/22/25	the same contract the	This is	Comment of the
189		MANNE	dettactor / 1977 C	
	der service		15 m 451 7 7	
				b b £
,			6-78 21	
			HT Institute Author.	

This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

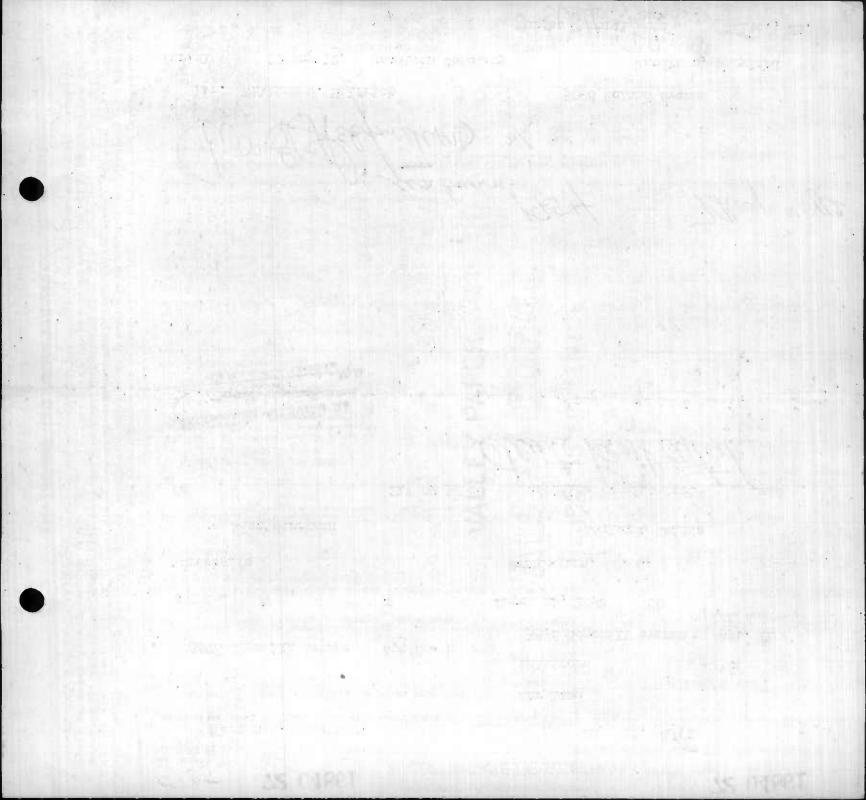
1	5-560	0486		Y HEALTH DEPARTMENT	REG. NO	72 04860
1. N	IAME OF DECEASED		UER		AND HOUR OF DEATH	C
3, 1	PLACE IN BALTIMORE MARYLAND,			14. USUAL RESIDENCE (W	here deceased lived, If i	172 7
FU HO			UTION, GIVE STREET	A. STATE B. COI	UNIY	SIDE CITY LIMITS?
8				BATTO		YES NO
		KOSP		E. STREET AND NUMBER	NEY AVE	
5. \$	FW	WIDOWED		8. DATE OF BIRTH	9. AGE (In years last birthday)	Months Doys Hours
done	. USUAL OCCUPATION (Give kind of wo during most of working life, even if refired) Housewife	THE TOP KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or fo	oreign countryl	12. CITIZEN OF WHAT COL
13.	FATHER'S NAME	h LUT	Z	14 MOTHER'S MAIDEN N Ida Rigger	AME	
Yos	Was Deceased Ever in U. S. Armed Fig. or unknown) (If yes, give wor or do	orces? les of service)	SECURITY NO.	17. INFORMANT	1 ART	ADDRESS
	DISEASE OR CONDITION DEATH	IRECTLY	CAUSE OF DEAT	H Pill Annual	RY EDER	APPROXIMATE INTER
	heart failure, asthenia, etc. It mean injury or camplication which cause ANTECEDENT CAUSE DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION last.	d death.) S	(8) DUE TO, OR AS	MITRAL A CONSEQUENCE OF: RHEUMATIC M		*******************************
ATI	OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN PA	THE TERMINAL	***************	POUTE RENI	ge SHUTDO	WN to HOU!
TIFIC	19A-DATE OF OPERATION 19B. COI	NOTION FOR V	HICH OPERATION	20A-AUTOPSYZ (Yos of	No. 208 IF YES WERE IN CERTIFYING CA	FINDINGS CONSIDERED
-4	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218, hometcu	PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If In Boltima	re City, give exoct locotion)
WED	21D-TIME (Month) (Doy) (Yeor) OF INJURY (APPROX)		INJURY OCCURRED Not While At Work	21F. HOW DID IN	JURY OCCUR?	
	22。I certify that (I) (this hospital that (I) (we) lost sow the deceas and hour and fram the couses sto 23A, SIGNATURE	ed oilve on	18 m47	19) 2 and 1	that In (my) (our) opl	Inlon death occurred on the
	23C. PHYSICIAN'S NAME (Type)	Chan Children	DEGREE Phys	nding Med. Director 23D. ADDRESS	Shaff Phys. D	18 M/ 8 73
24 A	BURIAL CREMATION, 24B. DATE		ME of CEMETERY of CRE		LOCATION (C	ily, town, or cauntyl (Sta
25A.	Burial 22 Mag	72 LO1	raine Park Ce	25C. FUNERAL DIRECTO	DR A	unty Maryland ADDRESS 31 Falls Road
vs 1	MAY 2.8 1977 150-REV. 1/1/68	MAN TE	CACAD C	Burgee Fune	V. Jen	20

EXERCISE TOTAL Whatthe many but well applied V42/01/2/10

FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

r n- 79 1.1861	BALTIMORE CITY	HEALTH DEPARTMENT	72 04861'
E-256 72 U4861	CERTIFICA	TE OF DEATH	REG. NO.
BIRTH NO. I. NAME OF DECEASED		12. DATE AND HOUR	OF DEATH
(Type or Print)			
Bertha M. Eisenhart		May 18,	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	CED DEAD	A. STATE 8. COUNTY	ed lived. If institution: residence before admission)
FULL NAME OF HE NOT IN HOSPITAL OR INSTITUTION	ON, GIVE STREET	Maryland	1348
HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INSIDE CITY LIMITS?
00		Baltimore	YES NO NO
3976 Edgehill Avenue Ap	ot D - 4	E. STREET AND NUMBER	
27/10		3976 Edgehill A	venue Apt. Dl
S. SEX 6. RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs.
TO WIDOWED TO	DIVORCED		80
IOA. USUAL OCCUPATION (Give kind of work 108, KIND OF 8U	ISINESS OR INDUSTRY		
done during most of working life, even if retired)			
Housewife		Washington, D. C.	USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Adam Warmi man		Adelaide	Childs
Adam Merriman 5. Was Deceased Ever in U. S. Armed Forces? 16	SOCIAL	17. INFORMANT	ADDRESS
Yes, no ar unknown) (If yes, give war ar dates of service)	SECURITY NO.		
No 2	17 09 3948D	Adelaide VoEis	enhart Same
18. 4/ 19 9	CAUSE OF DEATH	1	APPROXIMATE INTERVAL
UNDERLYING CONDITION lost.	(c)	A CONSEQUENCE OF:	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).			
19A. DATE OF OPERATION 19B. CONDITION FOR WHI	CH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF	YES, WERE FINDINGS CONSIDERED RTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	ACE OF INJURY (e.g., in	or about 21 C. WHERE DID	(If in Soltimore City, give exact location)
DEATH (notify medical examiner) etc.)	,,,		
21D. TIME (Month) (Day) (Yearl (Hourt 21E, IN	JURY OCCURRED	21F. HOW DID INJURY OC	CUR?
While	At Not While		CUR?
21D. TIME (Month) (Day) (Yearl (Hour) 21E, IN White (APPROX.)			Wa. 772
While Wark 22. I certify that (1) (this haspital) attended the	Not While At Work	1954 19	ta May 1972
OF INJURY (APPROX.) While Work 22. I certify that (1) (this haspital) attended the	Not While At Work	1954 19	10 May 1972
OF INJURY (APPROX.) While Work 22. I certify that (1) (this haspital) attended the centre of that (1) (this haspital) attended the centre of	At Not Whill At Work deceased from	75 4 19	ta May 1972
OF INJURY (APPROX.) While Work 22. I certify that (1) (this haspital) attended the that (1) (was) last saw the deceased alive an and haur and from the capses states above. (1)	At Not Whill At Work deceased from	75 4 19	ta May 1972 y) (aur) apinian death accurred an the da
OF INJURY (APPROX.) While Work 22. I certify that (1) (this haspital) attended the centre of that (1) (this haspital) attended the centre of	Not While At Work deceased from Control (did) (did not) v	19 and that in (my iew the bady after death.	ta May 1972
OF INJURY (APPROX.) While Work 22. I certify that (1) (this haspital) attended the that (1) (was) last saw the deceased alive an and haur and from the capses states above. (1)	At Not While At Work deceased from What Not While At Work deceased from Attention DEGREE Physics DEGREE PH	19 and that in (my iew the bady after death.	ta May 1972 y) (aur) apinian death accurred an the day
OF INJURY (APPROX.) While Work 22. I certify that (I) (this haspital) attended the that (I) (we) last saw the deceased alive an and haur and from the causes stated above. (I) (23. SIGNATURE) 23. SIGNATURE 23. NAME (Type) Dr. William G. Helirich	Not While At Work deceased from Control (did) (did not) v DEGREE Physi DEGREE	19	to May 1972 y) (aur) apinian death accurred an the day 238. DATE SIGNED Avenue
OF INJURY (APPROX.) 22. I certify that (I) (this haspital) attended the that (I) (we) last saw the deceased alive an and haur and from the causes stated above. (I) (23). SIGNATURE 23C. PHYSICIAN'S NAME (Type) Dr William G. Helfrich	At Work deceased from White White At Work deceased from White Attention Decates	19	to May 1972 y) (aur) apinian death accurred an the day 238. DATE SIGNED Avenue
OF INJURY (APPROX.) While Work 22. I certify that (I) (this haspital) attended the of that (I) (we) last saw the deceased alive an and haur and fram the cases, stated above. (I) (I) (I) (I) (I) (I) (I) (I) (I) (I)	Not While At Work deceased from Control (did) (did not) v DEGREE Physi DEGREE	19 and that in (m) iew the bady after death. Med. Director Phys. 23D. ADDRESS 5006 Roland MATORY 24D. LOCATION	to May 1972 y) (aur) apinian death accurred an the day 238. DATE SIGNED Avenue
OF INJURY (APPROX.) While work 22. I certify that (I) (this haspital) attended the of that (I) (we) last saw the deceased alive an and haur and fram the cases, stated above. (I) (1) (23). SIGNATURE 23C. PHYSICIAN'S NAME (Type) Dr William G. Helirich REMOVAL (Specify) 24A. BURIAL CREMATION, 24B. DATE 24A. BURIAL CREMATION, 24B. DATE 25B. NAME QL. 125B. NAME	Not While At Work deceased from Company (dtd) (dtd nat) v DEGREE Physics of CRE dlawn Cemeter REGISTRAR	19 and that in (m) iew the bady after death. Med. Director Phys. 23D. ADDRESS 5006 Roland MATORY 24D. LOCATION	y) (aur) apinian death accurred an the date 238. DATE SIGNED Avenue (City, town, or county) (State)
OF INJURY (APPROX.) While Work 22. I certify that (I) (this haspital) attended the of that (I) (we) last saw the deceased alive an and haur and fram the cases, stated above. (I) (1) (234. SIGNATURE) 23C. PHYSICIAN'S NAME (Type) Dr. William G. Helfrich REMOVAL (Specify) 24A. BURIAL CREMATION, 24B. DATE (24C. NAME) REMOVAL (Specify) 25A. DATE REC'D 8Y HEALTH DEPT. (258. NAME Q. 1)	Not While At Work deceased from Waller (dtpl) (dld nat) v DEGREE Physics of CEMETERY or CRE	19 and that in (my liew the bady after death. Med. Director Phys. 23D. ADDRESS 5006 Roland MATORY 24D. LOCATION	day 19/72 y) (aur) apinian death accurred an the day 238. DATE SIGNED Avenue (City, town, or county) (State) codlawn, Maryland



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

1.1			(9) 11/1/196	DOVELIMONE	CHILITEALIH	DEITAKIMENT			
SIRT	H NO.		Z 0400	CERTIFIC	CATE O	F DEATH	REG. NO.	72 (14862
,N/	AME OF DECE		D4.141011D				AND HOUR OF DEA		1 150
3. P	LACE IN BALTI	WEIGMAN,	HERE PRONOUN	CED DEAD	4. USUA	L RESIDENCE (WI	Y 19, 197	If institution; resid	ence before odmiss
FUL	L NAME OF	(IF NOT IN HOSPITA	AL OR INSTITUTION		MA R	YLAND	THI	0	253
N S	SPITAL OR			701		OR TOWN	D.	INSIDE CITY LIMIT	_
	40	ST. AGNE	S HOSPI	TAL	E. STREE	TIMORE		YES	но 🗌
5. SI	- V	6. RACE	17			3 STAFF	ORD RD 2	1229	Yr. If Under 24
M	ALE K	CAUCASIAN	WIDOWED	NEVER MARRIED DIVORCED	12/	01/02	lost birthdgyl	Months Do	ys Hours Mir
		PATION (Give kind of work orking life, even if retired) CE ADJUSTEF		NCE CO		YLAND	reign country)	U.S	A .
3. F	ATHER'S NAM	E				HER'S MAIDEN N		1.100	
		JOSEPH WA	FIG MAN		4	ELIZABE	TH TOU	UERS	
5. V Yes	Vas Deceased I	Ever in U. S. Armed Fore	ces? 1 6	SOCIAL SECURITY NO.	17. INFOR	MANT		A	DDRESS
	No			13-05-97	702 ST.	AGNES	HOSPITAL	RECORDS	
	18. // //	102 1		CAUSE OF D	EATH				PPROXIMATE INTERV
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		isthenia, etc. It means dication which caused				on	rengen		
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	rise to the	R CONDITIONS, if abave cause (A) CONDITION last.		(B)		QUENCE OF:	in appla + (arter. Lincae.	? /
~	nise to the UNDERLYING	abave cause (A) CONDITION last. H CANT CONDITIONS CO	stating the			QUENCE OF:	in application	arter. Lière as .	2 /
ATION	OTHER SIGNIFIC TO THE DEATH DISEASE OR CO	abave cause (A) CONDITION last. H CANT CONDITIONS COI I BUT NOT RELATED TO TO ENDITION GIVEN IN PAR	Stating the NTRIBUTING HE TERMINAL T 1 (A).	(c)					ONSIDERED
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AL CERTIFICATION	OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19. A. A. C. CIDEN'OR CONTRIBUT	abave cause (A) CONDITION last. H CANT CONDITIONS CO. BUT NOT RELATED TO TO NODITION GIVEN IN PAR OPERATION 1198. CON	NIRIBUTING HE TERMINAL I 1 (A). DITION FOR WHI	(c)	20 A. A	AUTOPSY? (Yes or) YES 21C, WHERE DID	No) 20B, IF YES, WI	ERE FINDINGS CO	ATH?
AEDICAL CERTIFICATION	OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 192. A ACCIDENT OR CONTRIBUT DEATH (notify reconstruction)	T WAS UNDERLYING	NTRIBUTING HE TERMINAL 1 1 (A). DITION FOR WH ORMED 21B. PL home, elc.)	ICH OPERATION ACE OF INJURY (eform, foctory, stree	e.g., in or obout et, office bldg.,	AUTOPSY? (Yes or) YES 21C, WHERE DID	No) 20B, IF YES, WI IN CERTIFYING	ERE FINDINGS CO	ATH?
AEDICAL CERTIFICATION	OTHER SIGNIFIC TO THE DEATH DEATH OF CONTRIBUT OR CONTRIBUT DEATH (notify r	abave cause (A) CONDITION last. H CANT CONDITIONS COL BUT NOT RELATED TO TI NOTITION GIVEN IN PAR OPERATION 198. CON WAS PER! T WAS UNDERLYING TING CAUSE OF medical examiner)	NTRIBUTING HE TERMINAL I 1 (A). DITION FOR WHI ORMED	ICH OPERATION ACE OF INJURY (continue) form, foctory, street	e.g., in or obout	YES 21C. WHERE DID INJURY OCCUR?	No) 20B, IF YES, WI IN CERTIFYING (If In Bold	ERE FINDINGS CO	ATH?
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MEDICAL CERTIFICATION	OTHER SIGNIFIC TO THE DEATH OF CONTRIBUT DEATH (notify real parts of the property of the prope	abave cause (A) CONDITION last. H CANT CONDITIONS COL BUT NOT RELATED TO TI NODITION GIVEN IN PAR OPERATION 198. CON WAS PER! T WAS UNDERLYING TING CAUSE OF medicol exominer) (Month) (Doy) (Yeer)	NTRIBUTING HE TERMINAL 1 1 (A). DITION FOR WHI ORMED 21B. PL home, etc.) (Hour) 21E, IN While Work) ottended the	ICH OPERATION ACE OF INJURY (eform, foctory, stree) IJURY OCCURRED A1 Not A1 v deceased from	e.g., in or obout	YES 21C, WHERE DID INJURY OCCUR? 21F. HOW DID II	No) 20B, IF YES, WI IN CERTIFYING (If In Bold	ERE FINDINGS CO CAUSES OF DEA timare City, give es	xact location)
MEDICAL CERTIFICATION	OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 17A. DATE OF CO 17A.	abave cause (A) CONDITION last. TH CANT CONDITIONS COL BUT NOT RELATED TO TO ONDITION GIVEN IN PAR OPERATION 198. CON WAS PERI T WAS UNDERLYING TING CAUSE OF medical examiner) (Month) (Day) (Year) that (I) (this haspital lost saw the decease from the causes state	NTRIBUTING HE TERMINAL JI (A). 21B. PL home, etc.) (Hour) 21E. IN While Work) ottended the d olive on	ICH OPERATION ACE OF INJURY (content of the form, foctory, street) At OCCURRED e.g., in or oboutet, office bldg., While Work 19	YES YES INJURY OCCUR? 21F. HOW DID II	No) 20B. IF YES, WI IN CERTIFYING (II In Bold NJURY OCCUR? 19 72 to M that in (my) (our)	ERE FINDINGS CC CAUSES OF DEA timare City, give en	xact location) 19 0ccurred on the	
MEDICAL CERTIFICATION	OTHER SIGNIFIC TO THE DEATH DISEASE OR CO. 170 A. DATE OF CO. 170 A. D	abave cause (A) CONDITION last. TH CANT CONDITIONS COL BUT NOT RELATED TO TO ONDITION GIVEN IN PAR OPERATION 198. CON WAS PERI T WAS UNDERLYING TING CAUSE OF medical examiner) (Month) (Day) (Year) that (I) (this haspital lost saw the decease from the causes state	NTRIBUTING HE TERMINAL JI (A). 21B. PL home, etc.) (Hour) 21E. IN While Work) ottended the d olive on	ICH OPERATION ACE OF INJURY (c form, foctory, stree) AT	e.g., in or oboutet, office bldg., While Work 19	YES YES INJURY OCCUR? 21F. HOW DID II	No) 20B. IF YES, WI IN CERTIFYING (II In Bold NJURY OCCUR? 19 72 to M that in (my) (our)	ERE FINDINGS CO CAUSES OF DEA timare City, give es	xact location) 197 occurred on the
MEDICAL CERTIFICATION	OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 17A. DATE OF CO 17A.	abave cause (A) CONDITION last. TH CANT CONDITIONS COL BUT NOT RELATED TO TO INDITION GIVEN IN PAR OPERATION 19B. CON WAS PERI T WAS UNDERLYING TING CAUSE OF medical examiner) (Month) (Day) (Year) whot (I) (this hospital lost saw the deceose from the couses statile	NTRIBUTING HE TERMINAL JI (A). 21B. PL home, etc.) (Hour) 21E. IN While Work) ottended the d olive on	ICH OPERATION ACE OF INJURY (c form, foctory, stree IJURY OCCURRED A1 Not A1 V deceased from A V 1 9 We) (did) (dld not operate)	e.g., in or obout et, office bldg., While Work 19. Attending Phys. 23D. ADDI	YES 21C. WHERE DID INJURY OCCUR? 21F. HOW DID II 19 72 ond body after death Med. Director	No) 20B. IF YES, W. IN CERTIFYING (If In Bolt) NJURY OCCUR? 19 72 to M. Martin (my) (our) 1. Shaff Martin (my)	ERE FINDINGS CC CAUSES OF DEA timare City, give en	xact location) 19 7 occurred on the
MEDICAL CERTIFICATION	OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 17A. DATE OF CO 17A.	abave cause (A) CONDITION last. THE CANT CONDITION S COLUMN S COL	NTRIBUTING HE TERMINAL 1 1 (A). DITION FOR WH FORMED 21 B. PL home, etc.) (Hour) 21 E. IN While Work) ottended the d olive on	ICH OPERATION ACE OF INJURY (c form, foctory, stree IJURY OCCURRED A1 Not A1 V deceased from A V 1 9 We) (did) (dld not operate)	e.g., in or obout et, office bldg., While Work 19 ot) view the 1 Attending 1 23D. ADDI	YES 21C. WHERE DID INJURY OCCUR? 21F. HOW DID II 19 72 ond body after death Med. Director D RESS BALTII AGNES. HI	No) 20B, IF YES, W. IN CERTIFYING (If In Bolt) NJURY OCCUR? 19 72 to M. M. Martin (My) (our) 1. Shaff My. M.	ERE FINDINGS CC CAUSES OF DEA	xact location) 19 J occurred on the

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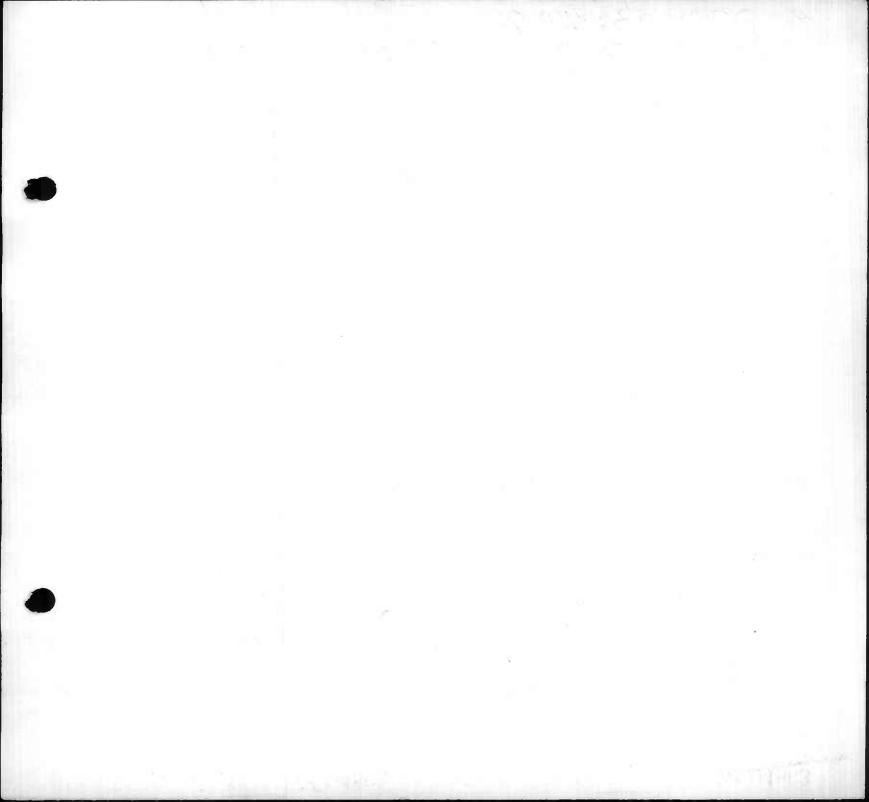
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THE RESIDE SET WERE BOOKEN FREED HAS CO STAN THE RESERVE OF THE THE PROPERTY OF MILES AND MERCHANICE TO II Velise it allow 230300 2/2

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	M-660 72 U48	BALTIMORE CITY	HEALTH DEPARTMENT	REG. NO	72 04863
	BIRTH NO.	CERTIFICA	TE OF DEATH	KEG. 140	
	NAME OF DECEASED		2. DATE AN	ID HOUR OF DEATH	
1	MOORE WAITE	R	5	15/72	10-15 P M.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (When	re deceased lived. II in	nstitution: residence before admission)
11	FULL NAME OF (IF NOT IN HOSPITAL OR II ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	C. CITY OR TOWN	D INIC	1501
1	TO LUTHERAN HO	SPITAL OF MD	RAITIMARE	D. 1143	YES NO
	1	Inc.	E. STREET AND NUMBER		11.0
	738 Ash burton, ST		1533 N. G.	ilmork.	CT
5	SEX 6- RACE 7- MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	9, AGE Un years	If Under 1 Ys. If Under 24 Hrs. Months! Doys Hours Min.
		WED DIVORCED	1-11-98	lost birthdoy!	Months Doys Hours Min.
	OA. USUAL OCCUPATION (Give kind of work 108, KIN one during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
	RETIRED				24.5.A.
1	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ME	W. V. A.
1	5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
11	ves, in or unknown in yes, give wor or doles of serv	SECURITY NO.	11.1.		
╟	18.	CAUSE OF DEATH	HELEN-W	IFE	SAME
	DISEASE OR CONDITION DIRECTLY	CROSE OF DEATH			BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A)IMMEDIATE CAU	SE C. Y. A	8	
11	(This does not meon the mode of dying, heart failure, asthenio, etc. It meons the dise	0.0.	A CONSEQUENCE OF:	**********	***************************************
Ш	injury or complication which coused death.)				
Ш	ANTECEDENT CAUSES	(n) D14	RATER MEH	HTU1.	
1	DISEASES OR CONDITIONS, if ony, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:		
	rise to the obove cause (A) stoting UNDERLYING CONDITION lost.	(C)			
	ll ll	(0)	***************************************		
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG			
	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************			
ì	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A), 19A-DATE OF OPERATION 19B. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING	OR WHICH OPERATION	20A-AUTOPSY? (Yes or No)	IN CERTIFYING CAL	FINDINGS CONSIDERED
	21A ACCIDENT WAS UNDERLYING				osts of Death.
LA 2	OR CONTRIBUTING CAUSE OF DEATH (notity medical exemined)	21B. PLACE OF INJURY (e.g., in home, farm, foctory, street, off elc.)	ice bldg. INJURY OCCUR?	(If In Boltimor	e City, give exact location)
200	21D-TIME (Month) (Doy) (Your) (Hour)	21 & INJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?	
3	(APPROX)	While At Work Not While			
-	22. I certify that (1) (this hospital) attend		5/11	972 to 5	-1170-
	that OF (we) last saw the deceased alive	on5/15	1		15 1972
	and hour and from the causes stated above		and the	it in (my) (aur) apri	nian death accurred on the dote
	23A. SIGNATURE	- 117 (116) (010) (010 HOY) VI	ew the body after death.		23R DATE SIGNED
	Jui Jan	Atter	ding Med.	Staff Phys.	5/15/72
	23C-PHYSICIAN'S NAME (Type)	DEGREE Phys.	3D. ADDRESS	Phys.	0/13/72
	NAME (Type)		1	RAN HOSPIT	-A1- ·
2	A BURIAL CREMATION, 248, DATE	DEGREE C. NAME OF CRE			Market Control
	REMOVAL (Specily) 5-/8-72	12 1	mr. Auburn	2 11	y, town, or county! (Stotel
2	A. DATE REC'D BY HEALTH DEPT. 258, NAM	ME OF REGISTRAR	Cem S	Julto.	1 md
	MAY 23 1972 Pale & Sal		25C. FUNERAL DIRECTOR	2,0	ADDRESS
V:	150-REV. 1/1/68	6 4. 4	100 DIADAG	4 CKI	MISulto



B-635 12 04004 BALTIM	ORE CITY HEALTH DE	PARTMENT			72	04864
MEDICAL EXAMI	NER'S CERTI	FICATE	F DEAT	гн		
BIRTH NO.	TALKO CLIKI	IICAIL O	DLA	REG. NO.		
I. NAME OF DECEASED	12. DAT	Knawn 🔀	Manth	Day	Year	Hour
(Type or Print) Lawrence Brittingham	OF DEAT	H Estimoted		21	72	6:25 p.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED		* 1	Month	Day	Year	Haur
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE	STREET PRO	NOUNCED DEAD	5	21	72	6:25 p.
OR INSTITUTION TIPE A LOCATION)	TEN USU	AL RESIDENCE (Who				
CERTIFICATE AME	NUL JA. STAT	E		B. COUNTY		904
Union Memorial Hospital 6. SEX 7. RACE 18. MARRIED NEVER	WARRIE TO C CITY	Maryland or town		D. INSIDE CI	TY HAAITS?	101
MARKIED LINEVER	MARKIED					
III DOILE C	DIVORCED Ba	Itimore ET AND NUMBER		YE	S	ио 🗆
9. DATE OF BIRTH 10. AGE (in years Munder 1 Yr. II lost birthdoy) Manths Days	Hours Min.					
1-16-59 13		E. 27th S	treet			
11. BIRTHPLACE (State or loreign country) 12. CITIZEN C WHAT CO	INTRY?	HER'S NAME			same 1	A.C.O.
Maryland	Ri	chard Fo				
14A.USUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS dane during mast of working life, even it retired)	OR INDUSTRY 15. MO	THER'S MAIDEN N	AME			
grade a craing instance in remed)	Pe	arline B:	rittir	gham		
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCI	AL 18. INF	ORMANT		Al	DDRESS	
(Yes, na arunknawn) (if yes, give wor or dates al service) SECU	RITY NO.	arline H	anrw 5	25 E. 2	27th	Street
19./ V/// 7/	AUSE OF DEATH	artino m	OIII ,y C	20 11 1	AP	PPROXIMATE INTERVA
E0171					8ETW	VEEN ONSET AND DE
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		31 7.1 7.				
(This does not mean the made of dyling, e.g.,	DUE TO, OR AS A CON	Multiple	injur	ıes		
heart lailure, asthenia, etc. It means the disease, injury ar complication which coused death.)	DUE TO, OR AS A CON	SEQUENCE OF:				
may y di compileonali ameni coosso di dini.)						
ANTECEDENT CAUSES	8)					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	DUE TO, OR AS A CO	NSEQUENCE OF:				
UNDERLYING CONDITION LAST.	c)					
<u> </u>	~/************************************					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
O THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).						
Z O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH 8UT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 208. CONDITION FOR WHICH O	PERATION WAS PERFO	DRMED			121. AUTO	PSY? (Yes or Na)
5 1						
₹ 22A. EXTERNAL CAUSE WAS 1228, PLACE OF	INITIPY (e.a. in or obo	HI 22C WHERE DIE	/il to Soltim	ore Cibe absence	ye	S
O man and a contract	INJURY (e.g., in or obo ory, street, ollice bldg., et	.) INJURY OCCUR	(II III GOIII III	ore Ciry, give exa	er rocario nj	904
UTING CAUSE OF DEATH. 22D. TIME (Month) (Dov) (Year) (Hour) 22E.INJUST		500 Blk.	of E.	27th St.		16.1
OF INITION		22F. HOW DID I	NJURY OCC	pedes	trian	hit by
(APPROX.) 5 21 72 3:30pm. WHILE AT [AT WORK 1	auto which	h ran	on to sid	dewalk	
23.						
1 certify that 1 held on Inquiry Inspect		ond that on	this basis	, death in my	opinion	
resulted from: Natural causes Accident	Suicide 🗌	Homicide -	Undeterm	ined monner		
() 20/ 1		CHIEF MEDICAL	EXAMINER	E		
ACTUAL STATES	/ /	SSISTANT MEDICA	LEXAMINER		-	DATE SIGNED
SIGNATURE EXAMINER'S	M.D.	SSOCIATE MEDICAL			5-	22-72
NAME (Type) Russell S. Fisher, M.	.D.	SOCIATE MEDICAL	EXAMINEK			
24A. BURIAL CREMATION, 248. DATE 24C. NAME	of CEMETERY or CREM	ATORY 245	LOCATION	(City, town	, or county)) (Stote)
REMOVAL (Specify) Burial 5-25-72 Ever	green Ceme	tery E	Berlin	, Md.		
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGIS		C. FUNERAL DIREC			DDRESS	
MAY 23 1972 0 1 C. Ja Ban M						
	er,	Wm C Marc	n 92	8 E Nor	th Av	70.
VS 151-REV. 1/1/68		0 5	1			

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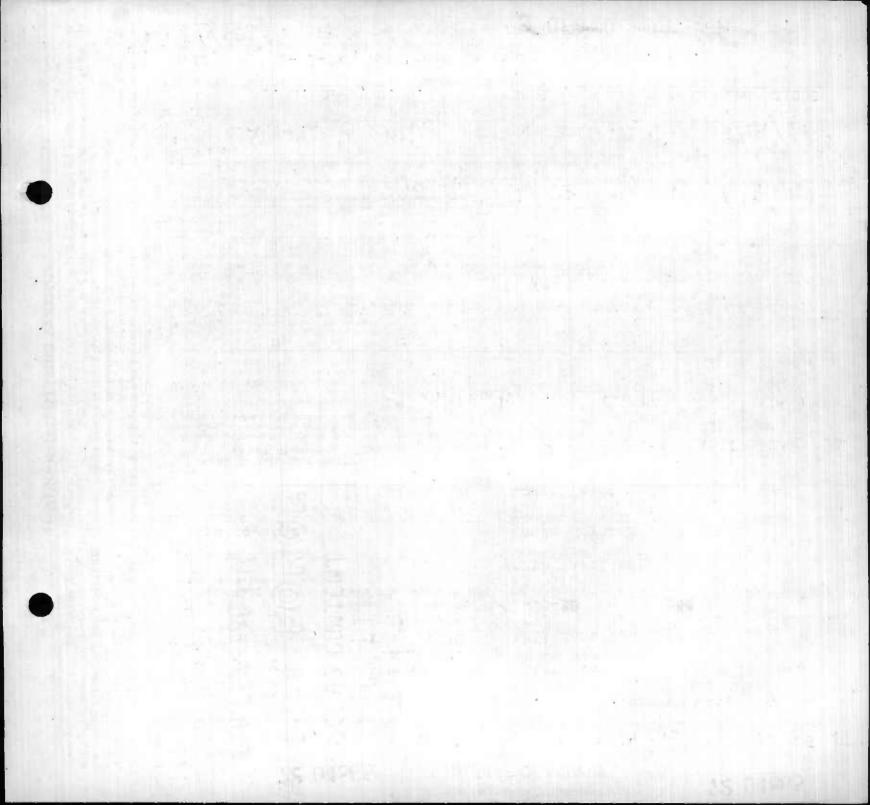
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and	death	eased	n the	Such		
approved by the chief medical examiner or his assistant if death occurred in a hospital and	body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	ws: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	s D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	eased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such		
in a	g cau	duse;	ittend	or to		
nrred	ributin	ined c	ular o	ed pri	nade.	
oc His	r cont	determ	in reg	leceas	ion is r	
if dec	rect o	(4) Un	Was	the c	sposit	
sistant	the di	kind;	death	nce on	inal d	
his as	so, if	of any	nuced	tendar	ed or f	
ner or	ler. Al	cture	prono	lar at	nbalm	
exami	xamir	3) A fro	who	regu	are er	
edical	dical e	urns; (3	ysician	was ii	be obtained before the remains are embalmed or final disposition is made.	
hief m	a me	3ody b	he ph	rsician	the re	
y the c	tal by	e; (2) E	here t	No phy	before	
oved b	e hospi	natur	cept w	(9) Pu	ained	
e appr	I to the	of any	ral (ex	th); ar	be ob	
s certificate must be	leased	cident	hospit	to dear	tten approval must	
icate r	was re	An ac	A. at a	prior	pprove	
certif	body	ws: (1)	5 D.O.	eased	tten a	

0 210	BALTIMORE CITY	HEALTH DEPAR	TMENT		72 0	1000
C-360 72 0486	5 CERTIFICA	TE OF DE	ATH	REG. NO). / C U	C001
BIRTH NO.			2. DATE AN	D HOUR OF DE	ATH	
Type or Print) Cator, Virg	ginia Mae		51	19/72		12 25 AN
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESID	B. COUN	re deconsed lived	. If institution; resid	dence befaro admy sion)
FULL NAME OF (IF NOT IN HOSPITAL OR II HOSPITAL OR ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	Md.	Ва	ltimore	-	406
INSTITUTION	Acm Manualtus	C. CITY OR TOW		D.	INSIDE CITY LIMI	
The Good Samari		Baltim			YES 🔣	NO L
5601 Loch Raver		E. STREET AND	NUMBER			
Baltimore, Mary	rland 21239	1815 E	East 2	9th Str	eet	
5. SEX 6. RACE 7. MAR	RIED X NEVER MARRIED	B. DATE OF BIRTI		9. AGE (In years last birthday)	II Under 1 Months: De	Yr. II Under 24 Hrs
F B WIDO	WED DIVORCED	01-30-2			6	
10A. USUAL OCCUPATION (Give kind of wark 10B, KIN						OF WHAT COUNTRY
dane during mast of working life, even if retired)						
		North (
13. FATHER'S NAME		14. MOTHER'S M	AAIDEN NA	ME		
Willie Royster		Maude	Royst	er		
S. Was Decoasod Ever in U. S. Armed Foicos? (Yes, no or unknown) (II yes, give war ar doles of serv	ice) 16. SOCIAL SECURITY NO.	17. INFORMANT			A	DDRESS
tres, no or unknown/ (if yes, give war ar ables of serv	218126196	Touris	Caham		C.	
10 / / /	CAUSE OF DEAT	Louis	Cator			APPROXIMATE INTERVAL
18.4/2,21	CAUSE OF BEAT					WEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		1.18	-1	P	0 1	T1. 1-
(This does not mean the mode of dying,	e.g., DUE TO, OR AS	ISE CVA	CL	Nem 1	wera	0/14/72
hearl failure, asthenia, etc. It means the dis- injury or complication which coused death.)	eose, DUE TO, OR AS	A CONSEQUENCE			8	, , , ,
ANTECEDENT CAUSES	141400	Lou si	le C	Vh		ALTA
DISEASES OR CONDITIONS, if any, a	wing (B) TO OR AS	A CONSEQUENCE	OF	· • D		701
rise to the above cause (A) stating						
UNDERLYING CONDITION Iosi.	(c)					
7					- 0	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	NAL					
U 19A. DATE OF OPERATION 1198, CONDITION	FOR WHICH OPERATION	20 A. AUTOPSY	r? (Yos ar Na	208. IF YES, V	VERE FINDINGS C	ONSIDERED
WAS PERFORMED		Yes		IN CERTIFYING	CAUSES OF DE	ATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical exominer)	21B. PLACE OF INJURY (e.g., i home, larm, foctory, street, of etc.)	n or about 21 C. WH fice bldg., INJURY	OCCUR?	(If in Bo	Itimoro City, give o	xact location)
O 21D TIME (Month) (Day) (Year) (Hour	21E, INJURY OCCURRED	21F. HO	W DID INJ	URY OCCUR?	-	
OF INJURY (APPROX.)	While At Not Whil					
	Wark At Work				-1.01-	
22. I certify that (I) (this haspital) attend	led the deceased from 5	117/7	V	19ta	7/14/72	19

that (I) (we) last saw the deceased alive an 5/14/72 ...and that in (my) (aur) opinion deoth occurred an the date and have and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23 B. DATE SIGNED 23A. SIGNATURE Attending Phys. Med. Director Staff 23D. ADDRESS 23C. PHYSICIAM'S NAME (Type) I. A. Orer, M. D. DEGREE 56

J. 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 5601 Loch Raven Boulevard 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24D. LOCATION (City, tawn, or caunty) Burial Baltimore Cemetery Ba 5-23-72 Balto.,



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tribu	gula mad
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dea Und	was in regular affendance on the deceased prior to death. S position is made.
directly, (4)	disp
sista the kind	deal inal
approved by the chief medical examiner or his assistant if death occurred in a hospital and to the hospital by a medical examiner. Also, if the direct or contributing cause of death of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	ndar or f
Also re of	atte
iner ner. actu	ular mba
xam cami	who e
cale ale, 5; (3)	ins o
nedi edic	hysic n wo
a m	sicia the
he ch by (2) B	phy fore
by t pital	who o
hos natu	d (6
o the	(ex e ob
sed t	pita eath ust b
must elea: cide	to d
as r	rior
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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0 (=)			BALTIMORE CITY	HEALTH DEPARTMENT			
4-430	72	1 486	G CERTIFICA	TE OF DEATH	REG. NO.	3*	2 14866
BIRTH NO.	AERD		CERTIFICA		AND HOUR OF DEA	TN	0 2000
1. NAME OF DECE				Z. DATE	AND HOUR OF DEA	ın	1
	ATT, John Cu Imore Marylano, W		UNICED DEAD	14 USUAL RESIDENCE (V	9/72	f in atlantions	12:05 A M. residence before admission)
					UNTY	r institution.	bo 3
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOCA	ATION)	UTION, GIVE STREET	C. CITY OR TOWN		NSIDE CITY	LIMITS?
Ve	terans Admin	istratio	on Hospital	BALTIMORE		YEST	No
	00 Loch Rave			E. STREET AND NUMBER	R	- A	
	ltimore, Mar			2120 E. Balt	imore Street		
	6. RACE		NEVER MARRIED	B. OATE OF BIRTH	9. AGE (In years	I If Und	er 1 Yr. , If Under 24 Hrs.
MALE	WHITE	WIDOWED	DIVORCED [10/17/34	lost birthdoyl 37		Doys Hours Min.
	PATION (Give kind of work rorking life, even if retired)	10B. KINO OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CIT	TZEN OF WHAT COUNTRY
Meat Cut		Reto	ail Store	Kier, Maryl	and		U.S.A.
13. FATHER'S NAM	AE .			14. MOTHER'S MAIDEN			
JOHN C.	PLATT (DI	ECEASED)	BEULAH HOTT	Paw Paw,	W. Vo	25434
15. Was Deceased	Ever in U. S. Armed For	ces?	16. SOCIAL	17. INFORMANT Re	cords		ADDRESS
Yes, no or unknown)	12/14/51 to		SECURITY NO. 1 217-30-2022	VA Hospital,	Baltimore,	Md 212	218
18. 5 7	1.01		CAUSE OF DEAT				APPROXIMATE INTERVAL
DISEAS	E OR CONDITION DI	RECTLY					BETWEEN ONSET AND DEATH
	LEADING TO DEATH		(A) MMEDIATE CAL	SE RENAL FAI	LURE		3 DAYS
	at mean the made of asthenia, etc. It means			A CONSEQUENCE OF:			
	plication which caused						
A	NTECEDENT CAUSES		(B) CIRRHOS	STS			2-3 YEARS
DISEASES O	R CONDITIONS, if	any. aivina		A CONSEQUENCE OF:			CONNET CES
rise to the	abave cause (A)			Laure Control			1/43/FF 3/FF 4/FF G
UNDERLYING	CONDITION lost.		(c) ALCOHOI	TOM			MANY YEARS
-	11						
	CANT CONDITIONS CO		CASTRIC	BLEEDING FROM	IIICEPATION		
	ONDITION GIVEN IN PAR	T 1 (A).					
19A. DATE OF 5/12	OPERATION 198. CON	FORMED VE	which operation	20 A. AUTOPSY? (Yes of	No) 20B. IF YES, WE	CAUSES OF	DEATH?
2 / 5/12	/ [2 Pylo	roplasty	1	NO			
OR CONTRIBU	T WAS UNDERLYING TING CAUSE OF medical examiner		ne, lorm, foctory, street, o	in or about 21C. WHERE DIE ffice bldg., INJURY OCCUR	? (If in Bolti	more City, gi	ve exact location)
O 21D. TIME	(Month) (Day) (Year)	(Hour) 21E.	INJURY OCCURRED	21 F. HOW OID	INJURY OCCUR?		
OF INJURY			ile At Not Whi				
		Wo					
			he deceased fram		,	lay 19,	19.72
that (f) (we)	last saw the decease	d alive on	May 19	19 72 and	that In(ny) (our)	apinian de	ath accurred an the date
and hour and	from the couses sta	red abave. ((We) (did) (Ajd/nby)	view the bady after dea	th.		
23A. SIGNATUI		Y' FY	701-			23 B. D.	TE SIGNED
	AZUR, M.D.	111 1	AH AH	ending Med.	Shaff Phys.	26-	10 1070
			DEGREE	23D. ADDRESS VA H	SPINAT. ZOO	Ma	y 19, 1972 Raven Blvd.
PHYSICIAI	AZITO M D				MORE, MARYI		
	AZUR, M.D.	199-91	DEGREE				
24A. BURIAL CREA REMOVAL (S	MATION, 24B. DATE		AME of CEMETERY of CR	EMATORY 240	LOCATION	(City, lown,	or county) (Stote)
	3/41/1	972 511	lphur Spring	s Com	COA Days	Dave Ser	V.
Buria.	BY HEALTH DEPT		OF REGISTRAR	25C. FUNERAL DIREC	TOUT TOWN	Paw, W	AODRESS
MAY 23 19	172 Valent E	and water	P 13 PS		neral Home	, Berk	eley Springs
VS 150-REV. 1/1/6	В	4		3 8 6	1		W.Va.
	-				,		

J. L. M. 12 y The second second VECTOR AND VINESAL STATE Plea your mane Print garage and the sun con-

Service Highland Continued

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

		72 1)4867 BALTIMORE CITY HEALTH DEPARTMENT
		CERTIFICATE OF DEATH Registered No.
	1, N	AME OF DECEASED 2. DATE AND HOUR OF DEATH 10 or Print) T 10 10 17 11 30 P
	3. F	PLACE OF DEATH IN TALTIMORE, MARYLAND A. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
		FULL NAME OF (If not in hospital or institution, give street)
,	1	OSPITAL OR oddress or location) NSTITUTION C. CITY OR JOWN (If putaide city limits, write RURAL and give township)
-	2	ames Lawrence Kernan Hospital D. STREET ADDRESS (If rurol, give locotion) 21050
	1	Balto, Md. Basto and P.O. Box 6 Sharon Acers Road
	5. 5	8. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) Norths Doys Hours Min.
2		USUAL OCCUPATION (Give kind of work) 108, KIND OF BUSINESS OR INDUSTRY 11. SIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	don	e during most of weeking life, even if refired) None None Maryland
	13.	FATHER'S NAME
2	15	Joseph Ralph Richardson Patricia Smith
	(Yes	s, no or unkno (n) (If yes, give wer or dotes of service) SECURITY Nd. J. Ralph Richardson P.O. Box 61
	-	No 212-70-7332 Hospital Charlest Hill, Md. 18. 7 3 8 51 CAUSE OF DEATH 21050 INTERVAL BETWEEN ONSET AND DEATH
		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
		(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,
		injuly ar complication which caused death,)
		DISEASES OR CONDITIONS, if any, giving
3		rise to the above cause (A) stating the UNDERLYING CONDITION last.
3	_	II II
	ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
	ERTIFIC/	19A. DATE OF OBERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No! 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
9 10	CERT	21A. A CCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Bothimore City, give exact location)
2	CAL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) home, form, foctory, street, office bldg., INJURY OCCUR?
3		21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? White AI Not White
5		Work At Work
		22. I certify that (I) (this hospital) attended the deceased from 100 y 19 72 to 19 72, that (I) (we) last saw the deceased alive an 19 19 12 and that in (my) (aur) apimon death occurred on the date
2		and haur and fram the couses stated abave. (1) (We) (did) (did nat) view the bady ofter death.
		23A-SHONATURE 23B. DATE SIGNED Med. Stoff 1
5		Phys. Director Phys. 5/19/12
		Franklin & R Stust M.D. Kernawik Hospital Bulta Md
3	244	REMOVAL (Specify) 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
		Burial 5/22/72 Bel Air Memorial Gardens Bel Air, Harford, Maryland
	25A	Charles E. Kurtz Jarrettsville, Md.
	VS	15MPV 1878 DIE

THE RESERVE TO THE PROPERTY.

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Deputy Chief Medical Examiner. HRS 8-15-1972 - Letter from the Office of the Chief Medical Examiner, Ronald N. Kornblum, M.D.

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was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

170 04	BALTIMORE CITY	HEALTH DEPARTMENT		72 04869
1-200 72 04	869 CERTIFICA	TE OF DEATH	REG. NO	3 1000
1. NAME OF DECEASED		2, DATE AND	HOUR OF DEATH	
(Type or Print) KATHRYN LI	DGUE	MAY	20, 1972	945 A M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	DNOUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNT)	deceased, lived. If it	nstitution: residence before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	MARYLAND	BALTIMO	
INSTITUTION CATON MANOR NUR	SING CENTER	BALTIMORE	D. INS	YES NO X
90 3330 WILKINS AV		E. STREET AND NUMBER		YES NO NO
BALTIMORE, MARY		7832 BAGLEY A	AVENUE	
5. SEX 6. RACE 7. MARK	RIED NEVER MARRIED		AGE (In years	II Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
F W WIDON		10/10/95	76	74011115
10A. USUAL OCCUPATION (Give kind of work 10 B, KIN done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE State or foreign	n country)	12. CITIZEN OF WHAT COUNTRY?
HOUSE WIFE		PHILA, P	X	U.S.A.
13/FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	
MURH	HY	1000000	CAR	ROL
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO	214-01-8146	GEORGE REU.	57832	BAGLEY AVE
18. 431.71	CAUSE OF DEATI			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		SE Cerebro-Vo	1 H	
(This does not mean the mode of dying,		A CONSEQUENCE OF:	Huken	morting all ag
hearl failure, osthenio, etc. It meons the dise injury or complication which caused deoth.)	ose,			
ANTECEDENT CAUSES	(8)	4		
DISEASES OR CONDITIONS, if ony, gi	***************************************	A CONSEQUENCE OF:		******
rise to the above cause (A) stating UNDERLYING CONDITION last.	(C)			
i i		· · · · · · · · · · · · · · · · · · ·		
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTI FO THE DEATH BUT NOT RELATED TO THE TERMIT DISEASE OR CONDITION GIVEN IN PART 1 (A).				15.06594.789
DISEASE OR CONDITION GIVEN IN PART 1 (A).	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208 IE VEC WERE	FINDINGS CONSIDERED
O N/A WAS PERFORMED	N/A	N/A	IN CERTIFYING CA	USES OF DEATH?
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., inhome, form, factory, street, of	n or obout 21C. WHERE DID	(If in Bottimo	re City, give exoct location)
DEATH (notify medical examiner)	etc.) N/A	N/A		
21D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21 F. HOW DID INJU		
(APPROX) N/A	While At Work Not While At Work	° 🗌	N/A	
22. 1 certify that (1) (this haspital) attend	ed the deceased fram		12 to 12	
that (!) (we) last saw the deceased alive	on 19 may	19 72 and that	t In(my) (aur) op	inian death occurred an the dote
and have and from the causes stated above	e. (1) (We) (did) (did not) v	tew the bady ofter deoth.		
23A. SIGNATURE	Aug.	nding Med. S		238. DATE SIGNED
will forder	DEGREE Phy	s. Director P	hys.	20 may 12
NAME (Type) WILLIAM GOD		23D. ADDRESS 丛米米		PHUR SPRING RD.
	DMAN, M.D.	DAR TORY	BALTIMOR	
24A. BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify)	C. NAME of CEMETERY of CRE			City, town, or county) (Stote)
CREMATION 5/23/72	GREEN MOUI	17 CEM GR	EEN MOON	17 AVE BALTO MO
MAY 22 1377	100 At 200	Gra A Sa	0 1/20.	200HARFORD RD
VS 150-REV. 1/1/68		3 18 WWW	190001	A COLLAKIONO NO

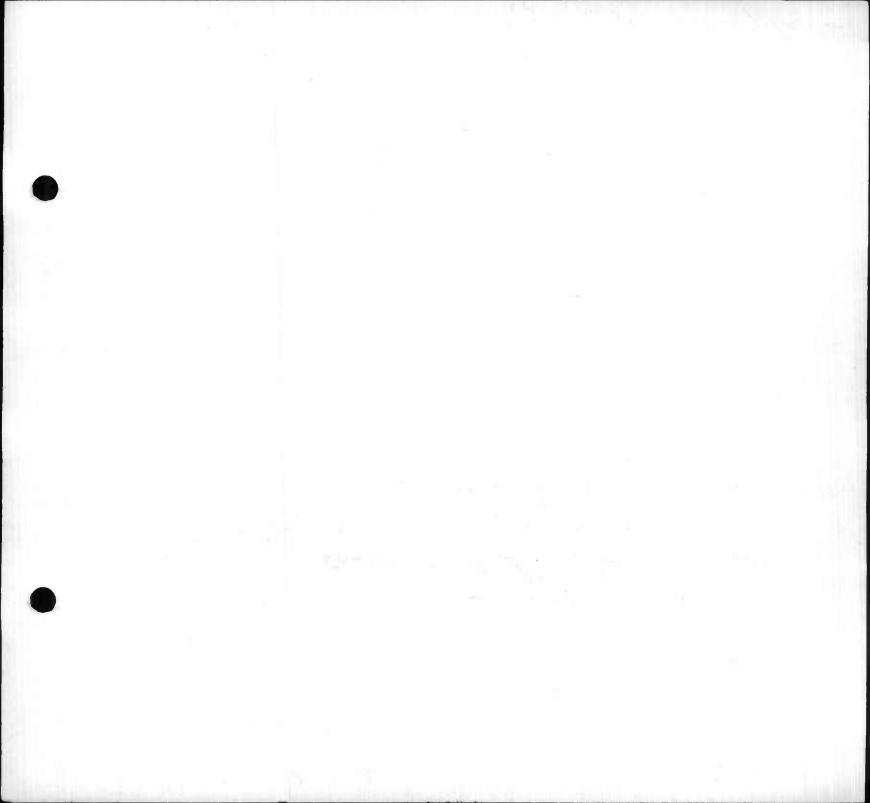
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the Such deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. written approval must be obtained before the remains are embalmed or final disposition is made.

1		BALTIMORE CIT	Y HEALTH	DEPARTMENT		79 04	1870	
1	-652 72 0487	O CERTIFICA	TE O	F DEATH	REG. NO	72 0	10/0	
	H NO.				ND HOUR OF DEAT	Н		
(Тур	OF Print) ARMSTRONG	, 30	ARN	OLD =	5-191-7	-2 1	6:30	Am
3. PI	ACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	A. STAT	L RESIDENCE (WE	ore deceased lived, if	institution: res	idence before o	dmission)
FUL	L NAME OF (IF NOT IN HOSPITAL OR IN	ISTITUTION, GIVE STREET	M	aryland			2/1	10
HO!	PITAL OR ADDRESS OR LOCATION)			ORTOWN	D. II	ISIDE CITY LIN	AITS?	
				aLTIMORE	;	YES X	№ □	
2	The Johns Hopkins	s Hospital	E. STREI	T AND NUMBER				
100		- HODDICAL		903 St.	Georges A	venue		
5. 58	X 6. RACE 7. MARI	MED NEVER MARRIED	8. DATE		9. AGE (in years	Il Under Months!	Ye , If Unde	Min.
Ma	ale Negro WDO	WED DIVORCED	3/1	5/35	37			
	USUAL OCCUPATION (Give kind of work 108, KIN during most of working life, even if retired)	D OF BUSINESS OR INDUSTR	11. BIRTH	PLACE ISlate or fo	reign country!		N OF WHAT	OUNTRY?
	nemployed		Bal	to., Md.			USA	
13. F	ATHER'S NAME		14. MOT	HER'S MAIDEN N	AME			
	John Armstrong		El	izabeth	Forrest			
15. W	es Deceased Ever in U. S. Armed Farces? no or unknown][0] yez, give war ar dates of serv	16 SOCIAL	17. INFO	MANT		1,002 C+	ADDRESS George	Λ.10
1105,	no or saknowin lat yes, give war at adus of serv	SECURITY NO.	EI	izabeth A	rmstrong	-	-	(12)
-		CAUSE OF DEA	TH			Balt	O. Md.	TERVAL
	DISEASE OR CONDITION DIRECTLY	GROSE OF DEA			٨	88	ETWEEN ONSET A	
	LEADING TO DEATH	4.49.44501455.64	1100	TRDIO R	ESP AR	REST	6:30	Am
	(This does not mean the mode of dying,	QA) IMMEDIATE CA		UENCE OF:				-/11.1.
	heart failure, asthenia, etc. It means the disc Injury or complication which caused death.)	idse,		1	*	_		
	ANTECEDENT CAUSES	ALC	OHO	AC IA	NER	18		
	DISEASES OR CONDITIONS, if any, gi	ving (8)	S A CONSE	QUENCE OF:	101010	- V		
	rise to the above cause (A) stating	the						
	UNDERLYING CONDITION last.	(c)						
z	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG.						
5	TO THE DEATH BUT NOT RELATED TO THE TERM!	NAL	**********					
No.	DISEASE OR CONDITION GIVEN IN PART 1 (A).	FOR WHICH OPERATION	20A.	UTOPSTE (Yas at	No. 208. IP YES, WEI	E FINDINGS	CONSIDERED	
EX	T WAS PERFORMED			Yes	No.) 20B, IP YES, WEI	CAUSES OF D	EATH?	
	OR CONTRIBUTING CAUSE OF	218 PLACE OF INJURY (e.g., home, larm, lactory, street	in or about	21C. WHERE DID	(If In Boltin	nore City, give	exect location)	
3	DEATH (notify medical examines)	etc.)						
O	210-TIME (Month) (Doy) (Year) (Hour)	216 INJURY OCCURRED		21F. HOW DID IN	HURY OCCUM			
\$	OF INJURY (APPROX)	White At Not White At Work						
	22. I certify that (I) (this hospital) attend		4	23	19 740 -	5-19	19	7-2
	that (1) (we) last saw the deceased alive	- 0	19		that In (my) (aur)	alulan daasi		
	() .					pinian acar	i accurred an	the date
	and hour and fram the causes stated abay	re. () (We) (did) (did not)	view the	bady after death	le		FIGNIER	
	SAL SIGNATURE	NA O AH	ending [Med.	Staff \	23B, DATE	SIGNED	7
	1/0)HINUMI,	DEGREE Ph	ys. —	Director L	Phys.		-14-	2
	23C. PHYSICIAN'S NAME (Type)	٨	23D. ADD	RESS	1.1	en gradi		
	YOSHIZWMI	M.D DEGREE	-	JOHNS	120ACI	N>H	OSPITAL	
24A	REMOVAL (Specify) 248, DATE 24	IC. NAME OF CEMETERY OF CI		24D.	LOCATION	(City, town, or	county)	(Stotel
	urial 5/22/72	Arbutus Mem.			Baltimore,	Md.	1000000	
25A		ME OF REGISTRAR		FUNERAL DIRECTO			ADDRESS	
		aller MB	I M	orton & Dy	/ett 1701 La	urens S	τ.	
VS 1	50-REV. 1/1/68	1 2 3		8 6	3			

rance as ark 2115 P 2 0 W 42K 0

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death, Such written approval must be obtained before the remains are embalmed or final disposition is and example.

	M-000 72 U4871	BALTIMORE CITY	HEALTH DEPARTMENT		1963 and 4 course
	RTH NO.	CERTIFICA	TE OF DEATH	REG. NO	72 04871
l di	NAME OF DECEASED YPE OF PRINTING JAMES. A	r	2. DATE AN	D HOUR OF DEATH	9 3 = 0
3	PLACE IN BALLIN ORE MARYLAND, WHERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (Where	e deceased lived If in	stitution: residence before admission)
F H It	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITU ADDRESS OR LOCATION)	TION, GIVE STREET	C. CITY OR TOWN		DE CITY LIMITS?
	LUTHERAN HOSPITAL OF	Mo Inc	BAITIMORE E. STREET AND NUMBER	MD	YES NO
	6 730 Ashburton, ST.		1130 W. LAFA	YETTE AVE	
	M WIDOWED	NEVER MARRIED DIVORCED	1-9-08	ost birthdoy	If Under 1 Yr., If Under 24 His. Months Doys Hours Min.
11.0	A. USUAL OCCUPATION (Give kind of work 108, KIND OF one during most of working life, even if retired)		11. BIRTHELACE Siole or foreign	CV. C	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	NE.	0,02
15	SOUN TAJU		MARY Finn	7 59	
ir.	. Wos Deceosed Ever in U. S. Armed Forces? es, no or unknown! (If yos, give wor or dates of service)	6. SOCIAL SECURITY NO.	17. INFORMANT	LONES 15.	27 of 3 months of
3	Ms. 5 DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH [This does not mean the mode of dying, e.g.,	(A) IMMEDIATE CAU			
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	DUE TO, OR AS	CONSEQUENCE OF:		
	ANTECEDENT CAUSES	(B)	ilalizal for	ennie	, `
	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the UNDERLYING CONDITION lost.	(c) at	A CONSEQUENCE OF: Lectario	lung.	
TION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL			7	
CERTIFICATION	DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994-DATE OF OPERATION 1998. CONDITION FOR WIWAS PERFORMED	HICH OPERATION	20A. AUTOPSY? (Kee of No)	208. IF YES, WERE FI	INDINGS CONSIDERED SES OF DEATH?
- 11	LOD CONTRIBUTION TO A CONTRIBUTION TO	LACE OF INJURY (e.g., in form, foctory, street, off	ot obout 21C. WHERE DID	(II In Baltimore	City, give exect lecotion)
MEDICAL	21 D-TIME (Month) (Doy) (Yeoil (Hour) 21 E. Ji OF INJURY (APPROX.) While	At Work	21F. HOW DID INJU	RY OCCUR?	
	22. I certify that (this hospital) attended the		4/28/ 19	7210 \$	F/17 1972
	that (#) (we) lost saw the deceosed olive on	5/17	19 7 2 ond that	In (ngt (our) opini	on death occurred on the dote
	and hour and from the couses stated obave. \$23A. SIGNATURE	(We) (did) (did net) vi	ew the body ofter deoth.		23B, DATE SIGNED
	Juidu-	DEGREE Phys.		hoff hys.	5/17/72.
	23C. PHYSICIAN'S NAME (Typo) SEIN LWIN		D. ADDRESS LUTHER	AN HEADIT	AL.
24.	A. BURIAL CREMATION, 24B. DATE 24C. NAN	NE of CEMETERY OF CREATER			town, or countyl (Stote)
25.	A. DATE REC'D BY HEALTH DEPT. 258. NAME OF		25C. FUNERAL DIRECTOR	n Bunn	APDRESS 7
Vs	18. 1. 19. 1972 Dech 2. 9.	3-02 () ()	mangage &	They 13	on yolann of

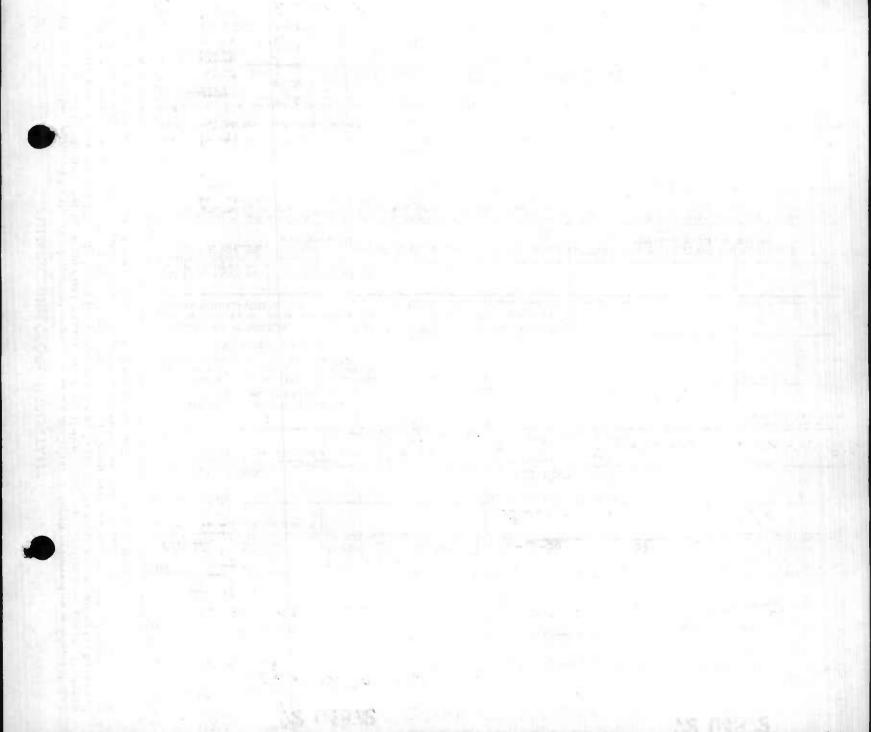


FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

VS 150-REV. 1/1/68

11-1	י כדי הבי	A WIND	Y HEALTH DEPARTMENT	REG. NO.	2 04872	
BIRTH NO.	DECEASED			AND HOUR OF DEAT	H	
Type or Print)	(SEORI	DA A. HARRI	5	5/19/72	1015 N	
3. PLACE IN	BALTIMORE, MARYLAND, W		A. STATE B. COL	hale deceased lived. II	institution residence before admission	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION THE JOHNS HOPKINS HOSPITAL			C, CITY OR TOWN	ID. IN	ISIDE CITY LIMITS?	
			BALTIMORE YES NO [
33BAI	TIMORE, MD 2120	05	E. STREET AND NUMBER	ID AVE		
- SEX	6. RACE	7- MARRIED X NEVER MARRIED	8. DATE OF BIRTH	19. AGE (In years	If Under 1 Ys. If Under 24 Hrs. Months! Days Hours: Min.	
FEMAL	E NEGRO	WIDOWED DIVORCED	10-09-34	lost birthdeyl	Months Deys Hours Min.	
M. USUAL C		TOR KIND OF BUSINESS OR INDUSTR	BOLFO P		12. GITZEN OF WHAT COUNTRY	
3. FATHER'S	NAME		14 MOTHER'S MAIDEN N	14 MOTHER'S MAIDEN NAME		
GFOE	RGE DOBBS		MILDRED			
	esed Ever in U. S. Armed For nown] (If yes, give war of date	rees? 16 SOCIAL	37 10170004 0019	7	ADDRESS	
N A	nowni ut yes, give wur or ouk	2/7-56-6729	MILDREDI	OSE 430	ICHATHAM R	
118. / /	MIN	CAUSE OF DEA			APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT	
other side	S OR CONDITIONS, if the above cause (A) YING CONDITION last. II GNIFICANT CONDITIONS CO DEATH BUT NOT RELATED TO TO TO CONDITION GIVEN IN PAI	elating the (c) ME 1/55	S A CONSEQUENCE OF:	A		
		IDITION FOR WHICH OPERATION	20A-AUTOPSYT (Yes or	No. 208, IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?	
OR CONT	CIDENT WAS UNDERLYING TRIBUTING CAUSE OF modify medical examined	218. PLACE OF INJURY (e.g., home, farm, factory, street, etc.)	in ar about 21 C. WHERE DID office bldg.	(II in Boltim	ore City, give exact location)	
OF INJUI	RY	(Hous) 21E INJURY OCCURED While At Not Wh Work At Work	21F. HOW DID II	HIURY OCCUR?		
22. I cer	rtify that (1) (this hospito	i) attended the deceased from	MARCIA 16	19 72 to	MAY 19 1972	
that (1)	(we) last saw the decease	ed office on MAY 19	1972ond	that In(my) (our) a	pinian death occurred an the da	
	/	ted obove. (1) (We) (did) (did not)	view the body ofter death	1e		
23A. SIGN	Muc N. 1	Julie NO DEGREE PH	lending Med.	Stoff Phys.	5/19/72	
23C. PHYS	SICIAN'S BRUCE	M BREENE DEGRE	23D. ADDRESS JOK	Nº HOPKINS	HOSP!	
SEMOV	CREMATION, 248. DATE AL (Specify)	24C. NAME OF CEMETERY OF C		BACTU N	City town, er county! (Stete)	
25A. DATE R	EC'D BY HEALTH DEPT.	258. NAME OF REGISTRAR	25C. FUNERAL, DIRECT	1 / luner 1	38- 1 50 PBSS 4	



IMPORTANT FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT 72 04873 CERTIFICATE OF DEATH use of death (5) Deceased Such on the I. NAME OF DECEASED 2. OATE AND HOUR OF DEATH (Type or Print) BENJAMIN BOONE SR. a hospital May 2157 death. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution residence attendance & COUNTY cause FULL NAME OF HOSPITAL OR INSTITUTION PASADENA (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) MARYLAND C. CITY OR TOWN (4) Undetermined cause; 0 D. INSIDE CITY LIMITS? PASADENA YES I prior contributing UNIVERSITY OF MARYLAND E. STREET AND NUMBER occurred 430 PASADENA made regular 5. SEX 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED If Under 1 Yr. Months! Oays deceased WIDOWED DIVORCED 02 10A. USUAL OCCUPATION (Give kind of work 108, KINO OF BUSINESS OR INOUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition = done during most of working life, even if retired) 13 FATHER'S NAME ET. LABORON direct or MARYLAND Was the 14. MOTHER'S MAIDEN NAME GEORGE ROBERTS assistant eath 0 kind; 15. Woe Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor ar dotes of service) 6. SOCIAL final SECURITY NO. attendance O any 18. CAUSE OF DEATH pronounced 9 DISEASE OR CONDITION DIRECTLY fracture of embalmed LEADING TO DEATH METASTASIS (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It means the disease, regular injury or camplication which caused death.) who ANTECEDENT CAUSES C.A. OF PROSTATE

DUE TO, OR AS A CONSEQUENCE OF: are DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoting the physician UNDERLYING CONDITION lost remains a medical any nature; (2) Body burns; Was 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING No physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). the 194. OATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) (except where the 20B. IF YES, WERE FINOINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO the body was released to the hospital by 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218 PLACE OF INJURY (e.g., in or about 21C. WHERE DIO home, form, factory, street, affice bldg., INJURY OCCUR? (If In Boltimore City, give exoct location) MEDICAL bei OEATH (notify medical examined obtained 21 D. TIME 9 (Month) (Doy) (Year) (Havil 21 E INJURY OCCURRED 21F. HOW OID INJURY OCCUR? OF INJURY approved Not While While At (APPROX.) and Work At Work 22. I certify that (1) (this hospital) attended the deceased from 2014 72 Pe that (1) (we) last saw the deceased alive an. 2/17 and that in (my) (aur) apinian death accurred an the date hospital death) and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death, must An accident 23A. SIGNATURE 23 B. DATE SIGNEO Attending | Med. 10 Shoff approval GEGREE 8 23C. PHYSICIAN'S prior 23D. AOORESS at NAME (Type) JUAN CHBRERA OF D.O.A. shows: (1) 24A. BURIAL CREMATION. deceased 24B. DATE 24D. LOCATION REMOVAL (Specify) (City, lown, or county) Was HEALTH DEPT.

NO X

Hours

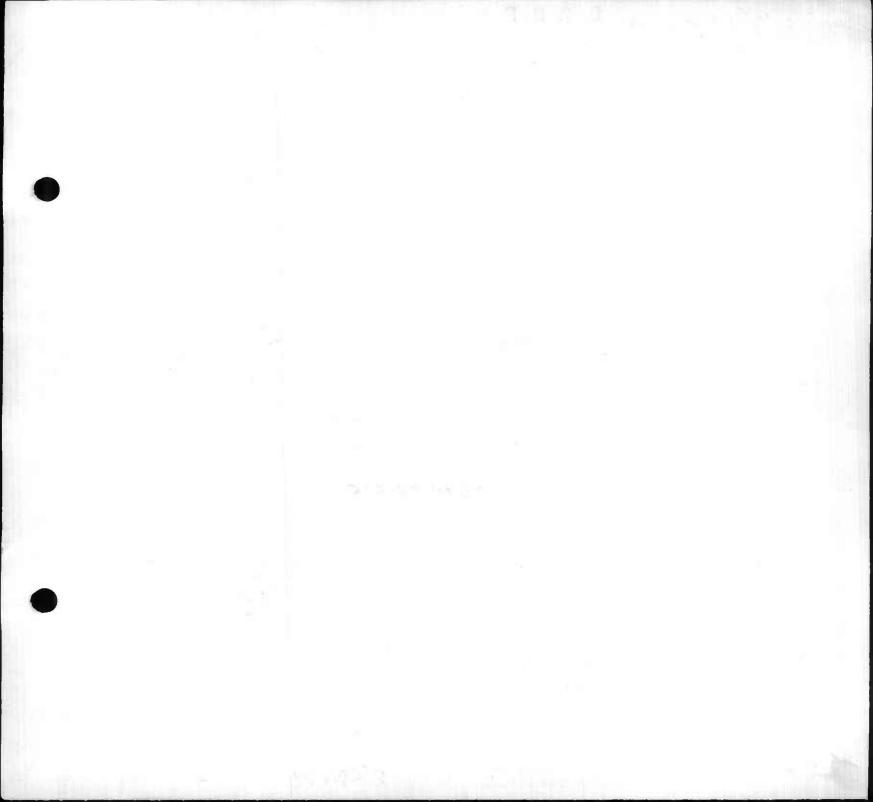
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(State)

U.S.A.

AOORESS

If Under 24 Hrs.



(5) Deceased death

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Body

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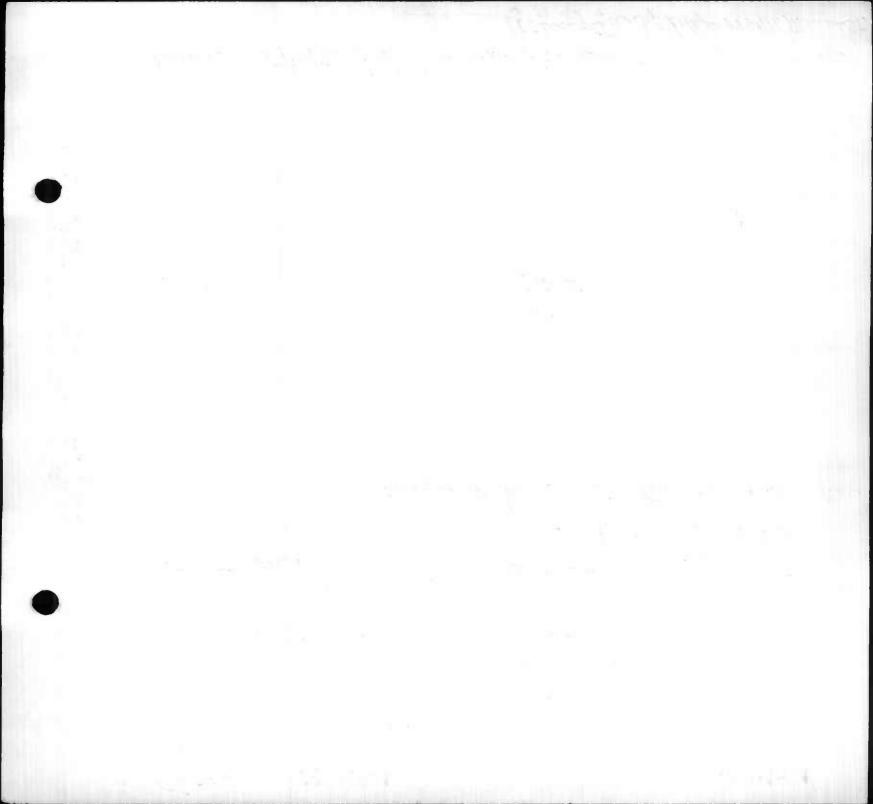
prior

eceased

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT 72 04874 72 04876 CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH 5-18-12 0 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE | Where deceased lived. If institution: residence before admission.

A. STATE B. COUNTY FULL NAME OF HOSPITAL OR INSTITUTION LIF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION! C. CITY OR TOWN D. INSIDE CITY LIMITS? altimore YES K NO prior E. STREET AND NUMBER is made. 5. SEX 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED Il Under 1 Yr. Months! Doys Il Under 24 Hrs. last birthday WIDOWED DIVORCED 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or loreign OCCUPATION (Give kind of work 3. CITIZEN OF WHAT COUNTRY? isposition 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME usene v 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMAN ADDRESS final (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. 108 0 CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ent blodominal pheeses ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) staling the UNDERLYING CONDITION last. neussan remains CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING (6) No physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). the 19A-DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION es or No 208, IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before Uvic M MS 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or objuit 21 C. WHERE DID home, form, foctory, street, office bldg, INJURY OCCUR? (if In Boltimore City, give exact location) MEDICAL DEATH (notify medical examined obtained 21D. TIME OF INJURY (Month) (Doy) (Yearl (Houd 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While (APPROX) At Work 22. I certify that (I) (this hospital) attended the deceased from death); that (I) (we) lost saw the deceased olive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated abave. (1) (We) (did) (did not) view the body after death. must 23A, SIGNATURE 238. DATE SIGNED 5. 18.72. Attending [Med. Staff approval Director __ DEGREE 23C. PHYSICIAN'S NAME (Typel 23D. ADDRESS 24A, BURIAL CREMATION, 24C. NAME of CEMETERY OF CREMATORY 24D AOCATION (City, town, or county) MEMOVAL (Specily) 25A. DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAL FUNERAL DIRECTO ADDRESS



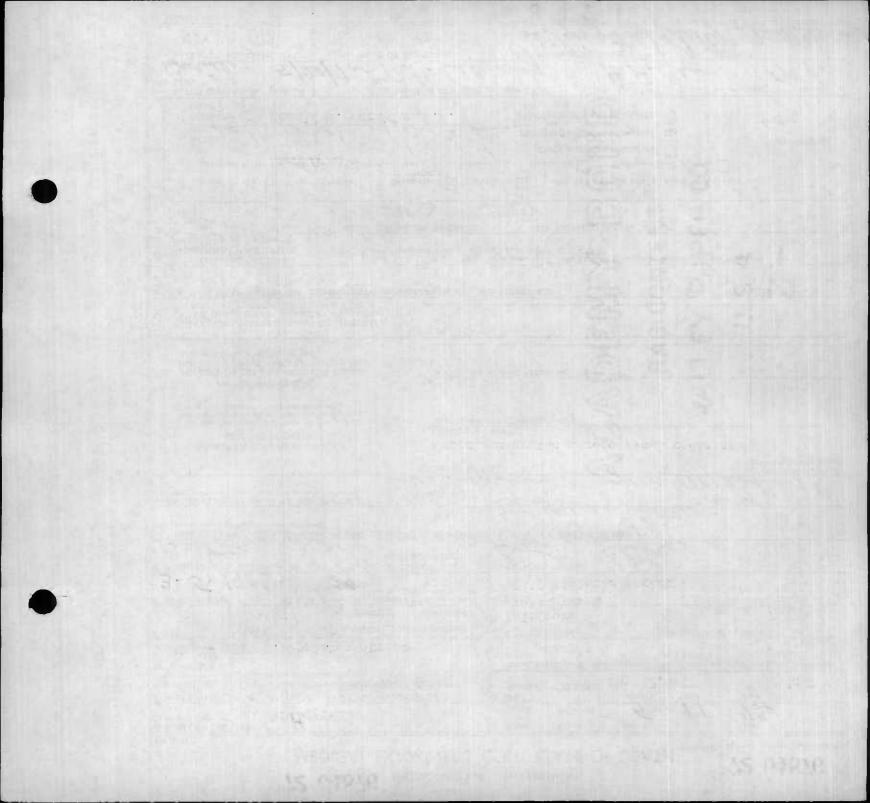
FUNERAL DIRECTOR: IMPORTANT

of death Deceased Suc HO hospital Ė ance eat contributing cause (4) Undetermined cause; (5) 0 attend 10 prior regular mad deceased disposition E 0 20 the direct 3 death HO kind; final attendance any pronounced 9 Also, balmed fracture of examiner. regular E . who are 4 9 E physician remains chief medical Was medical burns; physician the (2) Body the 6 before the where hospital No any nature; by obtained 9 approved (except and to the pe of eath) hospital was released An accident must T 10 pproval O prior +0 O.A. eceased 0 the body decease shows: 0 MOS

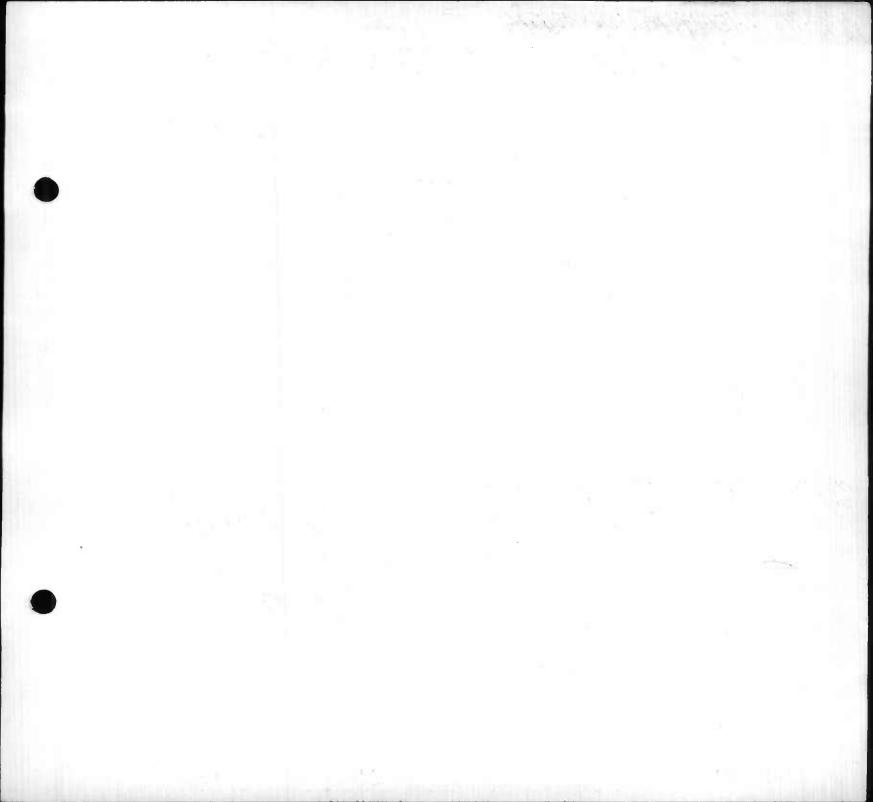
BALTIMORE CITY HEALTH DEPARTMENT 72 04875 REG. NO. CERTIFICATE OF DEATH 0-12710 BIRTH NO. I. NAME OF DECEASED 05-18-72 OF DEATH (Type or Print) MONTREL 4. USUAL RESIDENCE IWhere deceosed lived of institution: residence before admissional A. STATE & COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD MARYLANDO FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? BALTIMORE YES P NO THE JOHNS HOPKINS HOSPITAL E. STREET AND NUMBER 4014 DUVALL AVE. S. SEX MALE NE GRO & DATE OF BIRTH MARRIED NEVER MARRIED M 9. AGE (In years Il Under 1 Yr. Months: Doys Il Under 24 Hrs. Hours lost birthdoy 7-9-70 WIDOWED DIVORCED D 10A, USUAL OCCUPATION (Give bind of work) 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JEFFREY PATTEESON JOYCE LEE 15. Was Deceased Ever in U. S. Armed Forces? IYes, no ar unknown) (If yes, give war or dates of service) 1 6. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. CAUSE OF DEATH APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: rise to the above cause (A) slating the UNDERLYING CONDITION last. Н CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20R IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED OR CONTRIBUTING CAUSE OF 218 PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, farm, factory, street, affice bldg., INJURY OCCUR? (If In Boltimore City, give exact location) MEDICAL DEATH Inotify medical examined 21 D. TIME (Month) [Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While IAPPROX.) Work At Work 22. I certify that (1) (this hospital) ettended the deceased fram that (1) (we) last saw the deceased alive an and that In (my) (our) opinion death accurred on the date and hour and from the causes stated above. (1) (We) (did))(did not) view the bady after death. 23A. SIGNATURE 238, DATE SIGNED Attending | Med. Staff Phys. Director Phys. 23 C. PHYSICIAN'S 23D. ADDRESS NAME (Typel 24A. BURIAL CREMATION, CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR FUNERAL DIRECTOR ADDRESS V\$ 150-REV. 1/1/68

HOYCE LEE ELLOS INA TE DASS RHT21 8

5-420-	S-400 72 4876 BALTIMORE CITY HE						
5-420-	MEDICAL EXAMINER'S (CERTIFICATE OF DEATH REG. NO.					
	1. NAME OF DECEASED (Type or Print) JAMES HSKYLE S	2. DATE Known Annth Day Year Hour OF DEATH Estimated 5 17 72 M.					
	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour					
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD May 17, 1972 11:43 A.M.					
0	YARD- 1519 N. Appleton Street	A. STATE Mary Land B. COUNTY B. COUNTY					
	6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?					
	Male Negro WIDOWED DIVORCED	Baltimore YES NO					
449	9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr, If Under 24 Hrs.						
	3-5-1903 lost birthdoy 9 Months Doys Hours Min.	1519 Appleton Street					
	11. BIRTHPLACE(Stole or loreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME					
	Ballemare Mr.	fattly prige					
	14A.USUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS OR INDUSTR' done during most of working life, even il retired)	115. MOTHER'S MAIDEN NAME					
		allua sittle					
	16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no grunknown) (If yes, give wor or dotes al service)	18. INFORMANT ADDRESS ALL PL					
	19. \(\alpha / \alpha - \delta - \	TH APPROXIMATE INTERVAL					
	7-1-00-7	BETWEEN ONSET AND DEATH					
	DISEASE OR CONDITION DIRECTLY Arteriosclerotic cardiovascular disease						
	(This does not mean the mode of dylng, e.g., heart loilure, osthenia, etc. It means the disease,	AS A CONSEQUENCE OF:					
	injury ar complication which caused death.)						
	ANTECEDENT CAUSES (B)						
	RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:					
	UNDERLYING CONDITION LAST. (C)						
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).						
Visit de la company	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	AS PERFORMED 21. AUTOPSY? (Yes or No)					
		no					
	S UNDERLYING OR CONTRIB- home, form, foctory, street, office	in or about 22C. WHERE DID (II in Boltimore City, give exact location) bldg., etc.) INJURY OCCUR?					
	2 22D. TIME (Month) (Day) (Year) (Hour) 22E, INJURY OCCURRED	22F. HOW DID INJURY OCCUR?					
		WHILE					
	23. I certify that I held on Inquiry Inspection X Au	topsy ond that on this basis, death in my opinion					
	resulted from: Notural Pauses Accident Suicic						
	1 0 11/10	CHIEF MEDICAL EXAMINER					
	ACTUAL SIGNATURE	ASSISTANT MEDICAL EXAMINER X					
TESHLINE	EXAMINER'S Ronald N. Kornblum, M.D. NAME (Type)	ASSOCIATE MEDICAL EXAMINER 5/17/72					
	24A, BURIAL CREMATION, 24B, DATE 24C, NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, or county) (Stote)					
	REMOYAL (Specify) 5/20/12 Mt. Call	usus A.A.Ca. mil.					
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS					
	MAY 23 1972 26 2 Jalley M.D.	Willington of Allege man Wants					
	VS 151-REV, 1/1/68						

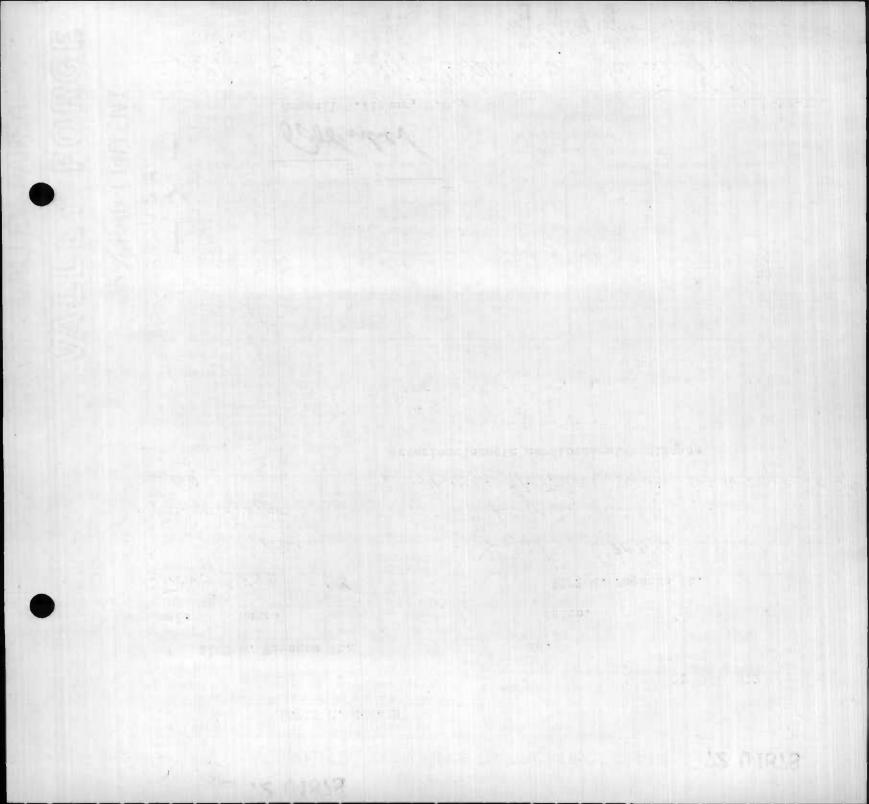


(2 o//) BALTIMO	RE CITY HEALTH DEPARTMENT					
D-240 72 04877. CERTIL	FICATE OF DEATH REG. NO. 72 04877					
1 NAME OF DECEASED						
(Type of Popl) -	2. DATE AND HOUR OF DEATH					
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	10 J 18 1972 8:30 AM.					
THE PROPERTY OF THE PROPERTY O	A. STATE B. COUNTY					
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STRE	er Md.					
INSTITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS?					
BON SECOURS HOSPITAL	ISa/10, YES X NO					
But decours mospinal	E. STREET AND NUMBER					
5. SEX 6. RACE 7. MARRIED AUGUST MARRIED	304 N. Carrollton Ave.					
MARRIED NEVER MARRI	Manths! Days : Hours : Min.					
10A, USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR IN						
dane during mast of working life, even if refired)	DUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
RETIRED BALTO-BASE ELE	CTRIC JAMAICA BW.					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
UNTNOWN	Dave Baller					
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dotes of service) 16. SOCIAL SECURITY NO	IV. INFORMANT ADDRESS					
(Yes, no or ynknown) (If yes, give war or dotes of service) SECURITY NO 212-05-3						
18. 9 4 0 4 1 CAUSE OF						
DISEASE OR CONDITION DIRECTLY	BETWEEN QUISET AND DEATH					
LEADING TO DEATH	ATECANISE Un entielled diabetis mellities					
(This does not mean the mode of dying, e.g., heart laiture, asthenia, etc. It means the disease,	OR AS A CONSEQUENCE OF:					
injury or complication which caused death.)						
ANTECEDENT CAUSES	Diabeles million					
DISEASES OR CONDITIONS, if ony, giving DUE TO,	OR AS A CONSEQUENCE OF:					
INDERIVANC CONDITION I.I.						
CONDITION (ast, (C)						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 179E. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING 1	20A-AUTOPSY? (Yes or No.) 20B. IP YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OP DEATH?					
WAS FERFORMED	IN CERTIFYING CAUSES OF DEATH?					
On CONTRIBUTION OF THE PARTY OF	Y (e.g., in or obout 21 C. WHERE DID (If In Baltimore City, give exact location) theel, alfice bidg., INJURY OCCUR?					
DEATH (notify medical examiner) harme, form, factory, at	need divide study 11750ki occor:					
OF INJURY (Month) (Day) (Year) (Hous) 21 & INJURY OCCUR	ED 21F. HOW DID INJURY OCCUR?					
(APPROX) While At N	at While					
	t Wark					
22. I certify that (I) (this hospital) attended the deceased from that (I) (we) lost saw the deceased alive on 5-18						
	ond that in (my) (our) opinion deeth occurred on the date					
ond hour ond from the couses stoted obove. (I) (We) (did) (did	not) view the body ofter deoth.					
NIA: SITE	Attending 238, DATE SIGNED					
Whatem Thiliverana, m.D DEGRI	Attending Med. Stoff Phys.					
VILAIVAN THITIVARANA, M.	DEGREE BON SECOURS HOSPITAL					
24A. BURIAL CREMATION, 24B. DATE 24C. NAME & CEMETERY	of CREMATORY 24D. LOCATION (Cip. lown or county) (State)					
Burial 5/29/2 (Black Yllem Park Protestus Yllet						
25A. DATE REC'D BY HEALTH DEPT. 7 25B. NAME OF REGISTRAR MAY 23 1972 E. See M.D.	25C. FUNERAL DIRECTOR					
MAY 23 1972 word E. Jaben, M.D.	Williams & Melal Hand 21981 Rediciones &					
VS 150-REV. 1/1/68	2 2 Paris Land Lourent Lines In male					



BALTIMORE CITY HEALTH DEPARTMENT

C'- 6/2 MEDICAL EVA MINIEDIC	CENTIFICATE OF DEATH	0 0/1878
MEDICAL EXAMINER 5 C	CERTIFICATE OF DEATH REG. NO.	C 04010
BIRTH NO.	Us page	- V
I. NAME OF DECEASED (Type or Print) LOUIS H. CORBIN	2. DATE Known Month Day OF DEATH Estimated	Yeor Maur
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day	Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD 5 22	1972 6:58 ам.
ORINSTITUTION 1102 W. Fayette St.	S. USUAL RESIDENCE (Where deceased lived. If Institution A. STATE B. COUNTY Md.	residence before odmission)
	C. CITY OR TOWN D. INSIDE CIT	TV LIMITS?
6. SEX 7. RACE 8. MARRIED NEVER MARRIED 1 male negro widowed Divorced		s x NO
9. DATE OF BIRTH 110. AGE (In years I if Under 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER	
June 8/1903 lost birthdov 8 Manths Days Hours Min.	1102 W. Fayette St.	
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME	
done during most of working life, even if retired)	LONA	
76. WAS DECEASED EVERIN U.S. ARMED FORCES? 17. SOCIAL	TR. INFORMANT	DRESS
(Yes, no acuptnown) (If yes, give war or dates of service) SECURITY NO.	a Alothia Masa 1109	W. Fave the SI
19.// CAUSE OF DEA	TH THE THE THE THE THE THE THE THE THE T	APPROXIMATE INTERVAL
Arterioscle	rotic cardiovascular disease	BETWEEN ONSET AND DEATH
LEADING TO DEATH		
(This does not mean the made of dying, e.g., (A) IMMEDIATE COUNTY OF A	AS A CONSEQUENCE OF:	
heart failure, asthenia, etc. It meons the disease, injury or camplication which coused death.)		
ANTECEDENT CAUSES (R)		
	AS A CONSEQUENCE OF:	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
(c)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA		***************************************
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED	21. AUTOPSY? (Yes or No)
		no
UNDERLYING OR CONTRIB-	in or about 22C. WHERE DID (If in Baltimore City, give exame bldg., etc.) INJURY OCCUR?	ct lacotion)
☐ UTING ☐ CAUSE OF DEATH. 22D. TIME (Month) (Day) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
OF INJURY	WHILE VORK	
23.	ond that on this basis, death in my	
		-
resulted from: Natural causes 🔀 Accident 🗌 Suicid	CHIEF MEDICAL EXAMINER	
ACTUAL SIGNATURE AS TO WHEN	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
SIGNATURE).	
Russell S.Fisher, M.D.	ASSOCIATE MEDICAL EXAMINER	5-22-72
24A. BURIAL CREMATION, 24B. DATE, 24C. NAME OF CEMETERY	CREMATORY 24D. LOCATION (City, 1907)	ar county) (State)
REMOVAL (Specify)	and Com Balla Y	166
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	DORESS
110V 00 2070 00 00 2 0	William Finance Ann	3109 / shear the
MAY 23 1912 Valda B E. Sadde A A	VILLUMES IMPURITY / KING	CITIFISHING CONT



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This certificate must be approved by the thief medical examinate of his assistant in death of the most and the contract of the	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.	-
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	1				HEALTH DEPARTM	MENT				
1	-523	72	04875	CERTIFICA	TE OF DEA	TH	REG. NO		20	1879
	H NO.			CERTIFICA						
	AME OF DEC	Annabell	H. Van	Schmidt	2. 0	5/22/72				M
3. 1	LACE IN BAL	TIMORE, MARYLAND, W	HERE PRONC	UNCED DEAD	4. USUAL RESIDEN	CE Where deced	sed lived. If ins	titution:	residence b	efore odmission)
HO	L NAME OF	(IF NOT IN HOSPIT	AL OR INSTITATION)	TUTION, GIVE STREET	Md c. CITY OR TOWN	. COONT	D. INSI	DE CITY I	28 LIMITS?	64
114.3	IIIOIION				Baltimore			YES X		οП
	3	N. Beechfiel	d Avenu	е	E. STREET AND NU			110 21	, ,,	
E	0				3 N. Beec	hfield A	venue			
5. S	EX	6. RACE	7- MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE	(In years	If Under	er 1 Yr.	If Under 24 Hrs.
fe	emale	white	WIDOWED	DIVORCED [10/2/1890	81	110077			7444
		UPATION (Give kind of working life, even if retired)	10B, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stot	le or foreign coun	ntry)	12. CfT	ZEN OF W	HAT COUNTRY?
one	during most of	working life, even it refired;			Michigan			US	A	
13.	ATHER'S NA	ME	-		14. MOTHER'S MAIL	DEN NAME				
	Will:	iam Schramm			Bessie W	latzek				
5. V	Vas Deceosed	Ever in U. S. Armed For	rces?	16. SOCIAL SECURITY NO.	17. INFORMANMI	1 Road.	White Ha	11.	ADDRES	s Md.
.,00	,	in your give was as one	0. 00171007	212-12-4360A	Frank W. V				440.	Hunter -
	18,	1.9		CAUSE OF DEAT			^		APPROXI	MATE INTERVAL
	DISEA	SE OR CONDITION DI	RECTLY		1.	2200	1 /).	0	BETWEEN C	ONSET AND DEATH
		LEADING TO DEATH		(A)IMMEDIATE CAL	ISE MYTTELL	deal O	march	ra		
		nat mean the made of asthenia, etc. II means		DUE TO, OR AS	A CONSEQUENCE OF		1)			
		nplication which coused		· A. A.	1 -1	0	1			
		ANTECEDENT CAUSES		myn	Wellerot	ic a	raco-	_	1	54300
	DISEASES	OR CONDITIONS, if	any, givino	DUE TO, OR AS	A CONSEQUENCE O	F: ()	10030	10	/	
	rise to Ih	e above cause (A) G CONDITION last.			vosc	war	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	* L		V
		11								
ON	OTHER SIGNI	FICANT CONDITIONS CO	NTRIBUTING							
AT	DISEASE OR C	CONDITION GIVEN IN PAS	RT 1 (A).						***************************************	
ERTIFIC	19A. DATE OF	F OPERATION 198. CON WAS PER	FORMED	WHICH OPERATION	20A. AUTOPSY? (Y	es or No) 20B, fN C	IF YES, WERE F	INDINGS ISES OF	DEATH?	ERED
CE	21 A. ACCIDE	NT WAS UNDERLYING	21	B. PLACE OF INJURY (e.g., i	n or obout 21 C. WHER	E DID	(If in Baltimore	City, gi	ve exact loc	otion)
AL	DEATH (notify	medical examiner)	ho	me, form, foctory, street, o	thee bidg., INJURY OC	CU K?				
0	21 D. TIME	Month (Doy) (Year)	(Hour) 21	E. INJURY OCCURRED	21 F. HOW	DID INJURY O	CCUR?			
×	OF (NJURY			hile At Not While onk Not Work	• 🗖					
					7.5		20.00.0		E / 77	
		that (I) (this haspita			6/		to pres		2/10	19
	that (I) (we	lost sow the decease	ed ollve on,	5/10//2	19	and that in (n	ny) (but) opin	on dec	oth accuri	red on the dote
	ond hour on	d from the couses sto	ted obove.	(I) (<u>₩</u> e) (did) (dld not) v	view the body ofter	death.				
	23A. SIGNATI	URE O		1 /				23B. DA	TE SIGNED	>
	M	, 101/au	15	/\ /\ /\ \ Dhu	nding Med.	or Staff Phys.		5	/23/7	72
	23C PHYSICI	N'S	1	- GEONEEL	23D. ADDRESS	51 — THYS: —			1231	
	NAME	Туре)	. Davis			7 And - D	lda Da	2 04		
24 ^	BIIDIAL COS			GEGREE	401 Medica	ATTS B.				(\$4-4-)
24.14	REMOVAL	Specify)		AME of CEMETERY of CR					or county)	(Stote)
25.0	remati	D BY HEALTH DEPT.	Lor	don Park Cemet	ery		more, Me	тута		DECC
ZSA	MANU O	9 1972	the State of		Witzke.	1830 Edm	ondson A	ven	ue ADD	(622
Ve	MAT 6		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7 - 7 - 7	7 (7)	7 4				
4.3	130-KEV. 1/1/	00		district the	1 3 6 /	4				

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Such or his assistant if deoth occurred in a hospitol and Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased death was in regular attendance on the to death. prior was D.O.A. at a hospital (except where the physician who pronounced death was in regular deceased prideceased prior to death); and (6) No physician was in regular attendance on the deceased priwritten approval must be obtained before the remains are embolmed or final disposition is made. This certificate must be approved by the chief medical examiner the body was released to the hospital by a medical examiner.

VS 150-REV, 1/1/6B

111 -02	BALTIMORE CITY	HEALTH DEPARTMEN	IT	72 04880
72 0488	() CERTIFICA	TE OF DEAT	H REG. NO	1~ 0.3000
I. NAME OF DECEASED		is DAT	E AND HOUR OF DEAT	W
(Type or Print) WENIGE, REGINA N	MARY	MA	Y 21, 1972	8:55 P M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PE	ONOUNCED DEAD	4. USUAL RESIDENCE	(Where docoosed lived, If COUNTY	institution: rasidence balara admission)
FULL NAME OF (IF NOT IN HOSPITAL OR II HOSPITAL OR ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	MARYLAND	LECTAL	0001
ST. AGNES HOSPI	TAI	C. CITY OR TOWN	D. IN	ISIDE CITY LIMITS?
40 CATON & WILKEN		BALTIMORE		YES 🔀 NO 🗌
	(LAND 21229	E. STREET AND NUMB	ORCHARD RD	21229
	RIED X NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
FEMALE CAUCASIAN WIDO	WED DIVORCED	09 30 06	lost birthdayl	Manths Doys Haurs Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIN done during most at working life, even if retired)	ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	r foreign country)	12. CITIZEN OF WHAT COUNTRY!
HOUSEWIFE		MARYLAN	1D	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
THOMAS MASKELL		ANNA CECE	LIA HARPER	MASKELL
15. Was Deceased Evar in U. S. Armed Forces?	1 6. SOCIAL			A L TO LANDDRISS 220
(Yas,no or unknown) (II yes, giva war ar dates of ser	vice) SECURITY NO.	VY I		ALTO MOPO 2 1229
	214 22 414	Q ST AGNESH	HOSPITAL RE	CORDS CATON &
18.	CAUSE OF DEATI	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		Parling	24. 1	SETTICEN ONSET AND SERVI
LEADING TO DEATH	(A)IMMEDIATE CAU	ISE Walle	vrest.	
(This does not meen the mode of dying, heart failure, asthenia, etc. It means the dis	e.g., DUE TO, OR AS	A CONSEQUENCE OF:		
injury or complication which coused death.)	0	1 - 1	11.	-
ANTECEDENT CAUSES	all	U Intels	ing Mi	4
DISEASES OR CONDITIONS, if ony, g	DUE TO, OR AS	A CONSEQUENCE OF:		
rise to the obove couse (A) stoting				A CALL DO NOT THE REAL PROPERTY.
UNDERLYING CONDITION lost.	(C)			
_				
OTHER SIGNIFICANT CONDITIONS CONTRIBUT				
▼ DISEASE OR CONDITION GIVEN IN PART I (A).				***************************************
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED		20 A. AUTOPSY? (Yas	or No) 20B. IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?
TR TR		YES		
OR CONTRIBUTING CAUSE OF DEATH (notify medical exomine)	21 B. PLACE OF INJURY (e.g., in home, form, factory, street, al etc.)	fice bldg., INJURY OCCU	1D (If in Boltim	ore City, give exoct lacation)
Q 21D-TIME (Month) (Day) (Your) (Hour)	21 E. INJURY OCCURRED	21E HOW DIE	INJURY OCCUR?	
2 01 11430/1	While At Not While		MAJORI OCCOR:	
(APPROX.)	Wark At Work			70
22. I certify that XIX (this haspital) otten	ded the deceased from '	1AY 21	1972 to MAY	21 19/2
that XIX(we) lost sow the deceased alive	MAY 21 72	19 00	d that in (XX (our) a	pinton death occurred on the date
and haur and from the couses stated abo	X (W) (W) (Y Y Y Y Y Y			printed active actives on the same
23A DENATURE	ve. (A) (me) (did) (dha vhon) v	lew the body offer de	oth.	200 DATE CICNED
11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	/ Ama	nding Med.	Shall .	23 B. DATE SIGNED
KILLI CEL	OEGREE Phys	nding Med. Director	Shaff Phys.	05 22 72
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		
SERGIO SAN PEDRO	O.N.D.	CATON & WIL	KENS AVENUE	
24A. BURIAL CREMATION, 24B. DATE 2	4C. NAME of CEMETERY OF CRE	MATORY 24	D. LOCATION	City, tawn, ar county) (State)
Burial 5/24/72	New Cathedral	90 -	Baltimore, Ma	hastma
		25C. FUNERAL DIRE		ADDRESS
MAY 23 1972 148 8 8 9 42	ME OF REGISTRAR		1630 Edmondso	

Witzke,

1630 Edmondson Avenue

SPRCIO SAN PEDRO M.D. 1 27 1 1 1 1 1 1 1

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L DIRECTOR: IMPORTANT	pproved by the chief medical examiner or his assistant if death occurred in a hospital and a the hospital by a medical examiner. Also, if the direct or contributing cause of death any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased (except where the physician who pronounced death was in regular attendance on the sand (6) No physician was in regular attendance on the deceased prior to death. Such a obtained before the remains are embalmed or final disposition is made.
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

		72	U48	8.
EG.	NO	4		

	0-111110	ATE OF DEATH		
Type or Print)	Johnson	2. DATE AND HE	4	1/3:30 R.M. N
3. PLACE IN BALTIMORE, MARYLAND, V	VHERE PRONOUNCED DEAD TAL OR INSTITUTION, GIVE STREET ATION)	4. USUAL RESIDENCE (Whole dec A. STATE B. COUNTY Maryland C. CITY OR TOWN Baltimore E. STREET AND NUMBER	D. INSIDE	
S. SEX 6. RACE Negroid	7- MARRIED NEVER MARRIED WIDOWED DIVORCED	3606 Ferndale B. DATE OF BIRTH 11-1-13		II Under 1 Yı, If Under 24 Hrs Aenths Doys Heurs Min,
IOA. USUAL OCCUPATION (Give kind of wordene during most of working life, even if retired)	Holiday Inn	Y 11. BIRTHPLACE (Stote or foreign co	untry)	U.S.A
IS. Wos Deceesed Ever in U. S. Armed Fo Yes, no er unknown) Ulf yes, give wer er den	ohnson rees? 16. SOCIAL SECURITY NO. 217053537	Mary Frand 17. INFORMANT Clara Harrid	same	ADDRESS
heort failure, asthenia, etc. It means injury ar camplication which causes ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION tost. OTHER SIGNIFICANT CONDITIONS CO	any, giving DUE TO, OR A CC)	castates to the :	Liver	
19A. DATE OF OPERATION 198. CON		20 A. AUTOPSY? (Yes or No) 20E	FYES, WERE FIN	DINGS CONSIDERED
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (neifly medical exeminal)		in or about 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore C	ity, give exact location)
21D. TIME (Menth) (Day) (Yeer) OF INJURY (APPROX.)	(Hour) 21E, INJURY OCCURRED While At Net White At Work	21F. HOW DID INJURY		- Lal Six
23A. SIGNATURE ANalys 23C. PHYSICIAN'S	ed olive on 5721/32 uted obove. ## (We) (did) (did get) AH Ph	view the body ofter deoth.	(my) (our) opinlo	on death occurred on the dot SB, DATE SIGNED 5/22/72
NAME (TYPE M. DUG)	AN MI	1 12 12 doct	9/ //	Munde

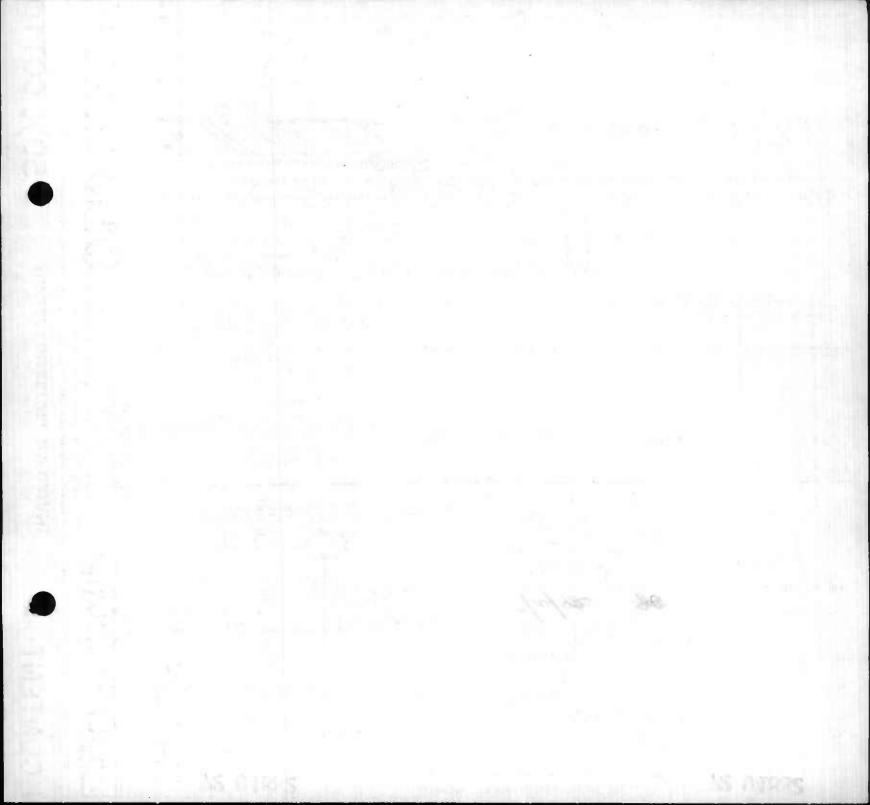
CA of Stomach

V2 CIRRI

Metastates to the liver

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased VS 150-REV. 1/1/68

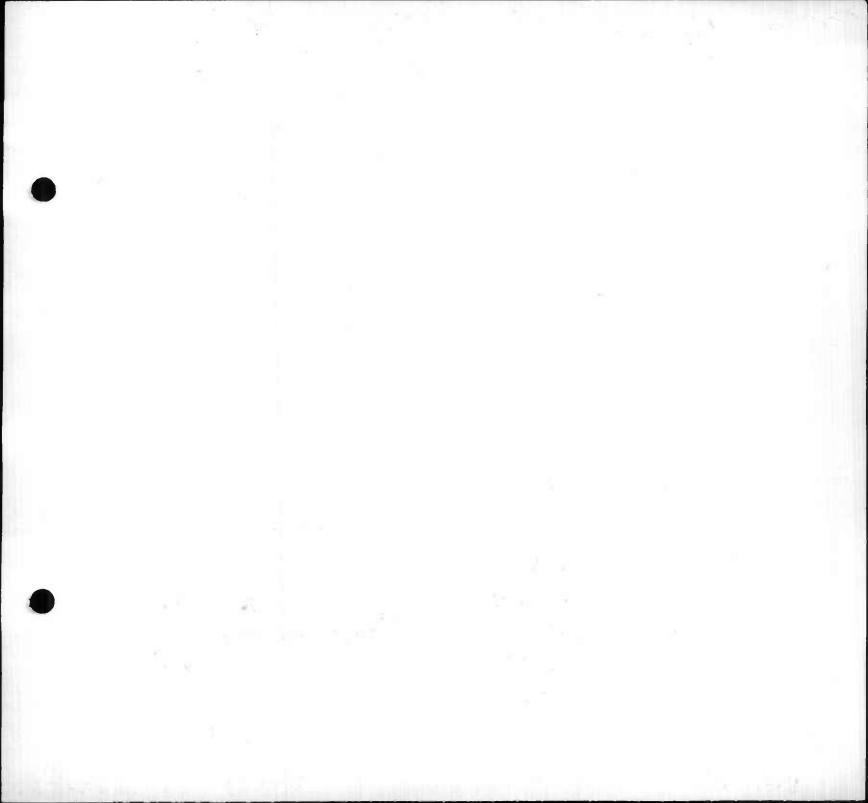
72 0488	9	BALTIMORE CIT	Y HEALTH DEPA	RTMENT		22 1.4882°
	4	CERTIFICA	ATE OF D	FATH	REG. NO	72 04882
BIRTH NO.		<u> </u>	(1E OI D			
(Type or Print)	Bunk			2. DATE AND HOU	O LOT	1100
3. PLACE IN BALTIMORE MART	470.00	NCED DEAD	4. USUAL RESI	DENCE (Where decea	sed fived. If inst	litution: residence before admis
Access to the second second			A. STATE	B. COUNIT		3 - 1/
FULL NAME OF IF NOT I ADDRESS	N HOSPITAL OR INSTITU OR LOCATION)	TION, GIVE STREET	Marylan			0 116
INSTITUTION	11		C. CITY OR TOV	WN.		E CITY LIMITS?
Mercy Hospi	tal		E. STREET AND	NIMER		YES NO
37			3029	/ 13	& Ave	
5. SEX 6. RACE	7. MARRIED	HNEVER MARRIED	8. DATE OF BIR			II Under 1 Yr. If Under 24
MN	WIDOWED	DIVORCED	5/10/	92 last birth	day	II Under 1 Yr. If Under 24 Months: Days Haurs M
10A, USUAL OCCUPATION (Give a		BUSINESS OR INDUSTR	Y 11. BIRTHPLACE	(State or fareign count	ry)	12. CITIZEN OF WHAT COU
done during most or working me, even	a remocy		Ma	reland		USA
13. FATHER'S NAME	- ^		14. MOTHER'S	/		03%
Janky	Bundy		7	ane lye	25	
15. Was Deceased Ever in U. S.	amed forces?	1 6. SOCIAL	17. INFORMANT			4.0.0.000
(Yes, no or upknown) (If yes, pive w	at or dotes of service)	SECURITY NO.		hea Bunda	S	ame
118.		CAUSE OF DEA				anc
DISEASES OR CONDITION DISEASES OR CONDITION SEE TO THE OBJECT OF THE DEATH BUT NOT REL DISEASE OR CONDITION 190- DATE OF OFERATION 190- DATE OF OFERATION	NS, if any, giving use (A) stating the last. ONS CONTRIBUTING ATED TO THE TERMINAL EN IN PART 1 (A).	(c)		77 (Yes or No.) 208, 11 IN CE	F YES, WERE FII	NDINGS CONSIDERED SES OF DEATH?
U 21A. A CCIDENT WAS UNDE OR CONTRIBUTING CAUS	RLYING 21B.	LACE OF INJURY (e.g.,		HERE DID	IIf In Boltimare	City, give exact location)
OR CONTRIBUTING CAUSE	elc.)	form, foctory, street,	ollice bldg. INJURY	A) A		- I give some meaning
D 210. YIME Manth) (Day) (Year) (Haud 21E	INJURY OCCURRED	21 F. HC	OW DID INJURY OC	CUR?	
S OF INJURY		At Nat Whi	le	NA		
22 1	Work			•		-10
22. I certify that (1) (this that (1) (we) last sow the		May 20	1000	19	_toS	-/20 197
17.	all and	-			/) (our) opinio	on deoth occurred on the
and hour and from the cau	ses stated above. (1)	(We) (did) (did not)	view the body a	fter death.		
	5 /1	7 AH	ending M	ed. Staff (2)	2	BE DATE SIGNED
Welliam ()	2 houter	DEGREE Ph	rs. LJ Di	rector Phys.		5/21/72
23C. PHYSICIAN'S NAME (Type)	The state of the s		23D. ADDRESS			/ / /
	1 1 10 4	DEGREE				
24A. BURIAL CREMATION, 248, REMOVAL (Specily)	DATE 24C. NA	ME of CEMETERY or CI		24D. LOCATION	(City,	town, or county! (Stat
Burial 5-	24-72 Net		L Cem.	Maltin	nore, Md	
25A. DATE REC'D BY HEALTH D	258 NAME OF	REGISTRAR	25C. FUNERA		ailey	ADDRESS
MAI 43 DIZ	Ulobert C. Mark	10 75 C	Kelser	n 4. Hay 13	348 Cal	houn Street



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	oody was released to the hospital by a medical examiner. Also, if the direct or contributing cause of deatl	ss: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Decease≀	D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	ased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Sucl	ten approval must be obtained before the remains are embalmed or final disposition is made.	
This cort	the body	shows: (was D.C	decease	written	

72 04883 BALTIMORE CITY HEALTH DEPARTMENT

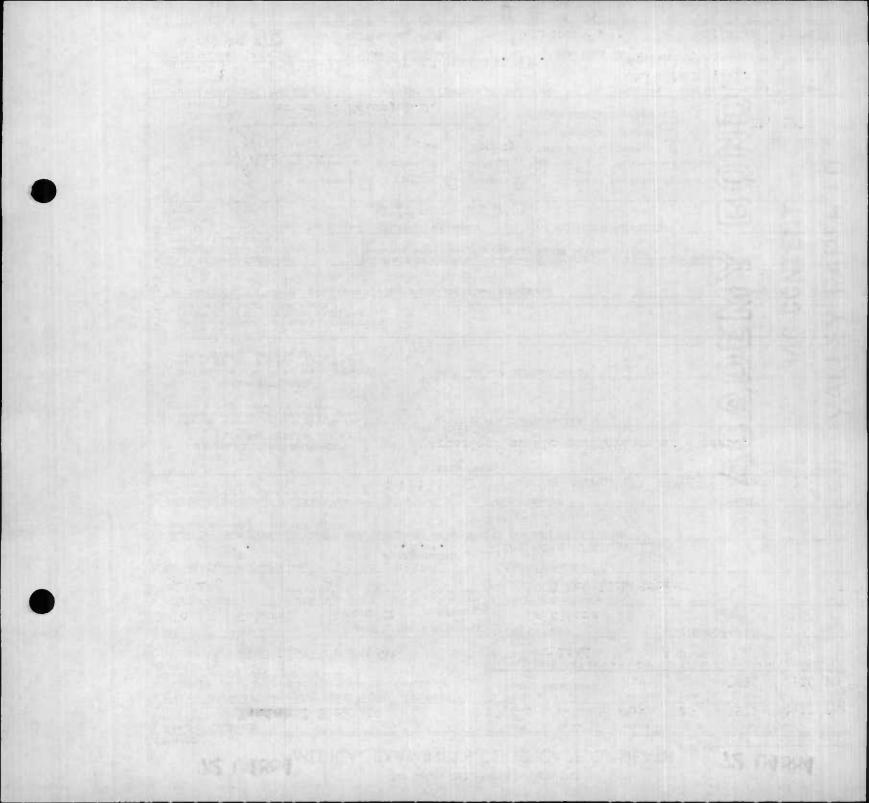
72 04883	BALTIMORE CITY	HEALTH DEPARTMENT		72 04883
BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO	770
I. NAME OF DECEASED		I2. DATE A	ND HOUR OF DEATH	
(Type of Print) TITUS DANIE	15		5/21/72	8-05 Am
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	A. STATE B. COU	iere deceosed lived. If it	nstitution: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR INS	TITUTION, GIVE STREET	MD.		1305
INSTITUTION		C. CITY OR TOWN	1	IDE CITY LIMITS?
TO		BAITIMO,	RE _	YES NO
LUTHERAN HOSPITA	4	1734 N.Sm	ALLWOOL	ST.
5. SEX 6. RACE 7. MARRIE	ED WEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	Il Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
WIDOW		1-16-00	72	
IOA. USUAL OCCUPATION (Give kind of work 108, KIND done during most of working life, even if selired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or los	reign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		N.C.		U.S.A.
Lawson Dan	iolo	14. MOTHER'S MAIDEN NA	AME	
15. Was Deceased Ever in U. S. Armed Forces?		17. INFORMANT		
(Yes, no or unknown) Of yes, give wor or dotes of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
no ,	195100145	Laura Daniel	S SA	ame
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A)IMMEDIATE CAU	er ev	A .	
IThis does not mean the mode of dying, e. heart failure, asthenia, etc. It means the diseas	C. DIETO OD IC	A CONSEQUENCE OF:		
Injury or complication which caused death.)				
ANTECEDENT CAUSES	(8)	-		
DISEASES OR CONDITIONS, if any, giving the state of the above cause (A) stating (ng DUE TO, OR AS	A CONSEQUENCE OF:		
UNDERLYING CONDITION last.	(c)	***************************************		
Z OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	G			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINA SIDE OF CONDITION GIVEN IN PART 1 (A).				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINA DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994-DATE OF OPERATION WAS PERFORMED	R WHICH OPERATION	20A AUTOPSY? (Yes or N	o) 208, IF YES, WERE	FINDINOS CONSIDERED
WAS TENTOMIES		3	IN CERIFFING CA	USES OF DEATH?
	PIB PLACE OF INJURY (e.g., in nome, farm, loctory, street, of etc.)	ice bidg.	(If In Boltimer	e City, give exect location)
DEATH (notify medical examined) 2 21D, TIME (Month) (Doy) (Year) (Hour) OF INJURY	TE INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
	While At Not While Mork At Work	· 🗆		
22. I certify that the (this hospital) attended	the deceased from	5/18	19 72 10	5/2/ 1972
that (IV (we) last saw the deceased alive or	5721	19 72 and th		nian death accurred an the date
and haur and from the causes stated above.	(We) (did) (did not) v	ew the bady after death.		
23A, SIGNATURE	Aus	nding Med.	s. " —	23B. DATE SIGNED
23C BHYSICIANS	DEGREE Phys	Director L	Shaff Phys.	5/21/12.
23C. PHYSICIAN'S NAME (Type) SEIN LW	in	3D. ADDRESS LUTHE	RAN HERPI	THE.
24A. BURIAL CREMATION, 24B. DATE 24C. REMOVAL (Specify)	NAME of CEMETERY OF CRE	MATORY 24D. I	LOCATION (Ci	ly, town, or county) (Stote)
73 4 7	hurch Cemete	rv	Oxford N	C
25A. DATE REC'D BY HEALTH DEPT 25B. NAME	E OF REGISTRAR	25C. FUNERAL DIRECTO	· U. Bail	ADDRESS
MAY 23 1972 1666 E. 30 VS 150-REV. 1/1/6B		1 /Jul Bry	1 Hare	rde Home
73 13V-NEY6 1/ 1/00				



1
172 U4884 MEDICAL EXAMINER'S CERTIFICATE OF

DEATH 72 04	DEATH		12	UA	204
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ВІ	RTH NO.						0, 1, 2, 0,		REG. NO			
	NAME OF DEC		11 - 11 / 11			2. DATE	Known 🔲	Month	Doy	Yeor	Hnur	
L			ah MM			OF DEATH	Estimoted &	May	20	1972	2:16	PM4.
					ONOUNCED DEAD	3. DATE	HAICED DEAD	Month	Doy	Yeor	Hour	
HC	LL NAME OF SPITAL	(IF NO	SS OR LOCA	LORINS	TITUTION, GIVE STREET	PRONO	UNCED DEAD	May	20	1972	2:16	PM
OF	HOITUTION	1000 1	M=C-11.	- h . C +		5. USUAL F	ESIDENCE (Whe	re deceosed l	ived. If institutio	n: residence l	pefore admiss	sion)
	10	1900 1	McCullo	on St	reet	A. SIAIEM	aryland		B. COUNTY	/	40	3
6.	SEX	7. RACE		8. MARR	IED NEVER MARRIED	C. CITY OF	RIOWN		D. INSIDE C	ITY LIMITS?	1	
I	lale	Colore	ed	WIDOW		Ba	altimore			ES 🖾	ио П	
9.	DATE OF BIRTH		10.AGE (In	yeors	If Under 1 Yr. II Under 24 Hrs.	E. STREET	AND NUMBER		1	£3 🗀	№ Ц	
	5-7-80		lost birthdo	32	Months Doys Hours Min.	19	000 McCul:	loh Str	eet			
11,	BIRTHPLACE (SI	ole or foreig	n country)		12, CITIZEN OF	13. FATHER	'S NAME					
WHAT COUNTRY?						ton Mar	choll					
144			kind of work	48. KIND	OF BUSINESS OR INDUSTR							
dor	e during most of w	orking life, eve	en il retired)		0. 1001200 O1000							
14	WAS DECEASE	D EVED IN I	I S ADMED	FORCE	? 17. SOCIAL	18. INFOR	h Copel	and				
(Y e	WAS DECEASE s, no or unknown)	(If yes, give w	or or dotes	ol service	212121680					DDRESS		
_	19.	- 11					ge Mars	hall	2323	Eutav		
	4-10	2111			CAUSE OF DEA	TH					PROXIMATE INT	
		OR CONDI		CTLY	Arterio	sclerot	ic cardio	vascu1	ar dise	ase.		
	(This does no	EADING TO			(A)IMMEDIATE	CAUSE						
	heart foilure,	osthenio, etc.	It means the	diseose,	DUE TO, OR	AS A CONSEC	NUENCE OF:					
	injury or com	pircotion whic	n coused de o	in.)						30		
	AN	TECEDENT	CAUSES		(B)							
	DISEASES O	R CONDITIO	ONS, IF ANY	GIVING	DUE TO, OR	AS A CONSE	QUENCE OF:				***********	
7	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.											
CC) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No)												
X	OTHER SIGNI	FICANT CON	DITIONS CO	NTRIBUT	ING							
프	TO THE DEA	CONDITION	GIVEN IN PA	RT 1 (A).	NAL							
ERT	20A. DATE OF	OPERATION	208. CON	IDITION	FOR WHICH OPERATION W	AS PERFORA	AED			21. AUTO	PSY? (Yes or	r No)
	0									no		
EDICAL		AL CAUSE V			22B.PLACE OF INJURY (e.g.,	in or obout	2C. WHERE DID	(If In Boitimo	re City, give ex			
ă	UNDERLYING				home, form, foctory, street, offic	bldg., etc.) 1	NJURY OCCUR?					
Σ	22D. TIME (A		oy) (Year)) (Hour) 22E.INJURY OCCURRED	- 2	2F. HOW DID IN	JURY OCC	UR?			
	OF INJURY (APPROX.)					WHILE						
	23.				m. WORK AT W	OKK						
	1 certi	fy that I he	ild on Ir	quiry [Inspection X Au	topsy 🗌	and that an	this basis,	death In my	opinion		
	resulte	d from Ne	atural cous	ses 52	Accident Suicid	. П н	omicide 🗌		ned manner	_		
		111111	1	-			CHIEF MEDICAL			7241		
	ACTUAL		VIAA	V	1	ASSI	STANT MEDICAL		П		DATE SIGN	ED
	SIGNATU	/	111	1	M.D	•				May 21,	1972	
	NAME (Ty		erner U	J. /\$ 10	itz, M.D.	ASSC	CIATE MEDICAL	EXAMINER			11.	
24	A. BURIAL CREM	ATION. 24	B. DATE	V	245 NAME of CEMETERY	or CREMATO	ORY 24D.	LOCATION	(City, tow	n, or county)	(State	,)
Kt	REMOVAL (Specify) Baltimore, Nd.											
			- 0:	70				palt	imore,	Md.	•	
25	Burial	1	5-24-	72 1258 N	Arbutus Me	m. Pk	TINIEDAL DIDECO			Md.		
25	Burial A. DATE REC'D E	A HEVILL D			AME OF REGISTRAR	25 C.	FUNERAL DIRECT	OR V . Bo	iley ,	Md.		
25	Burial A. DATE REC'D E	1			Arbutus Me Ame of Registrar	25 C.	FUNERAL DIRECT	OR V . Bo		Md.		t



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

VS 150-REV. 1/1/68

BALTIMORE	CITY	HEALTH	DEPARTMENT

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	0.11	IV			1758	

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REG.	NO	10	UX	UUU

BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO.	~ 0 x 0 0 0
1. NAME OF DECEASED	v 3 - 6		HOUR OF DEATH	11005P M
3. PLACE IN BALTIMORE MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. Il insti	fution: residence before admission)
1001 200		A. STATE & COUNT	7	1401
FULL NAME OF HOSPITAL OR IN HOSPITAL OR IN ADDRESS OR LOCATION!	ASTROHOM, CLAE STREET	C.CITY OR TOWN		CITY LIMITS?
4-8		BALTIMOR	2	res 🛛 NO 🗌
mary/ and Gener	ai HOSpital	E. STREET AND NUMBER	- 4+	21117
	RIED NEVER MARRIED	& DATE OF BIRTH		If Under 1 Ye If Under 24 Hes
MALE W WIDO	WED DIVORCED	7129 184 10	8/	If Under 1 Yr. If Under 24 Hrs. Aonths Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working life, even if refired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of foreign	countryl	12 CITIZEN OF WHAT COUNTRY?
Chauffeur	Taxi CaB	VITSINI	7	USA
13. FATHER'S NAME		14 MOTHER'S MAIDEN NAM		,35,91
Charles Resser		Emma Mil	.es	
15. Was Deceased Ever in U.S. Armed Forces? (Yos, no or unknown) (If yes, give war or dates of serv		17. INFORMANT		ADDRESS
No		Mrs.Agnes Sav	age-625 N	
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	ACUTE CALIMMEDIATE CAU	SE GOT B	LEED	24 hpc.
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the disc	C.C. DUE TO OD AC	A CONSEQUENCE OF:		
injury or complication which caused death.)		UNKNOWN		
DISEASES OR CONDITIONS, if any, gi	(8)	A CONSEQUENCE OF:	*	***************************************
rise to the above cause (A) stating	the	A CONSEQUENCE OF:		
UNDERLYING CONDITION lost	(c)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG CHOMA D	PACA C. MEDONAL	CADA	Aria 110.
TO THE DEATH BUT NOT RELATED TO THE TERMIT OLISEASE OR CONDITION GIVEN IN PART 1 (A).		RAIN SYNDRONE		7
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B CONDITION F WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING	OR WHICH OPERATION	20 A. AUTOPSYT (Yes of No)	20 F YES, WERE FIN	DINGS CONSIDERED ES OF DEATH?
OR CONTRIBUTING CICALIES OF	21B PLACE OF INJURY le.g., in	or obout 21 C. WHERE DID	(If In Boltimore C	City, give exoct locotion)
OEATH Inotify medical examined	home, form, foctory, street, of	ice pied" INTOK! OCCOR.		
21D.TIME (Month) 1Day) IYeod (Hour)	21E INJURY OCCURRED	21 F. HOW DID INJU	RY OCCUR?	
2 IAPPROX.)	While At While At Work	0 -		
22. I certify that (4) (this hospital) attend		-16 19	22 10 5	-19 19 72
that (1) (-) last saw the deceased alive			in (my) (ew) opinio	n death occurred on the date
and hour and from the causes stated above	e. (i) ((did) (did not) v	lew the bady after death.		
1 1/12221 10 X	Atter	nding Med. S	23	B. DATE SIGNED
23C.PHYSICIAN'S NAMY (Type)	DEGREE Phys	Director L. Pt	iys. L	5-19-72
MEDRY Co. S	ACKS ADDEGAME	MARYLAND	GEN.	Hosp.
	C. NAME of CEMETERY OF CRE	MATORY 24D. LOC	ATION (City,	town, or county) [Stote]
Burial 5/23/72	BBaltimore C	emetery	BALTO MI	
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	25C FUNERAL DIRECTOR	1.6	ADDRESS
MAY 23 1972 Robert E. Fa	Sen Ald	Marile Mil	V2 - 2334	Xelderan XX

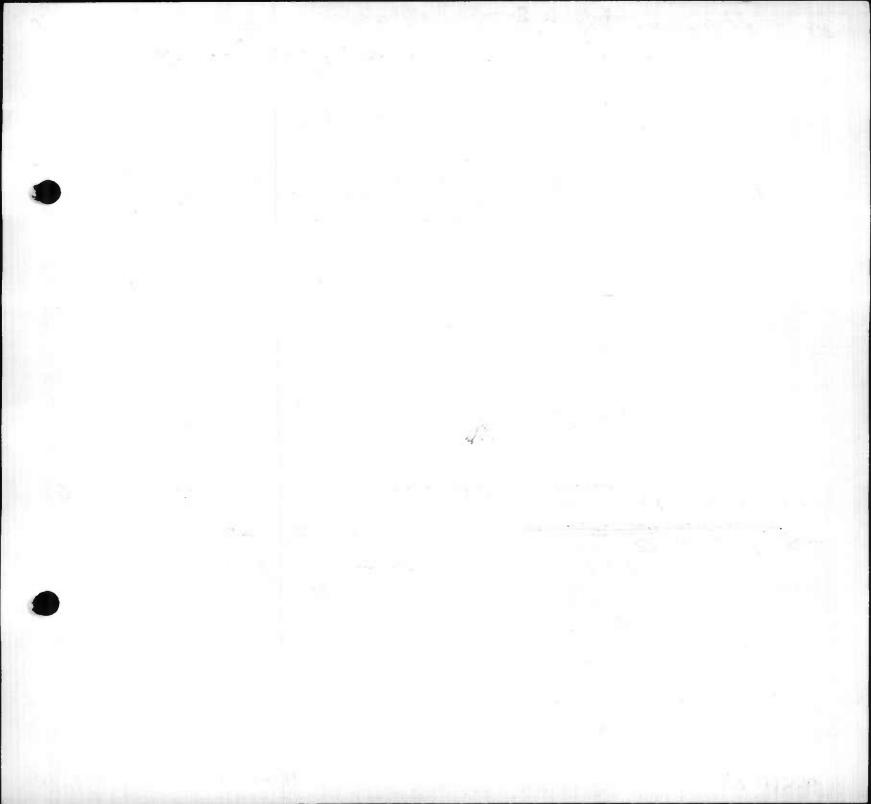
The transfer of the state of ries to rer TETT LET WENT IN STREET

and

561	BALTIMORE CI	ITY HEALTH DEPARTMENT 72 04886
D 0 4	BIRTH NO. 72 04886 CERTIFIC	ATE OF DEATH REG. NO.
on the	1. NAME OF DECEASED (Type or Print) WARNER, MARY G.	2. DATE AND HOUR OF DEATH 5. 21- 72 5.45 AM.M.
0 0 0	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. STATE B. COUNTY
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	c. CITY OR JOHN D. INSIDE CITY UMITS?
cause; attend ior to	6/ "	Baltamore Mp YES NO
do do	Lutheran Hospital Marylans.	E. STREET AND NUMBER 46% old Frederick Road 2869
regul eased is ma	5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (in years lift Under 1 1/2, Il Under 24 Hrs. Months Days Hours Min. Min.
in r	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUST done during most at working life, even if refired)	
U as	HOUSEWIFE HOME -	Maryland USA.
h w disp	AUGUST SCHADTY	MANUEL EFFIE, J. HAWKINS
kind; death nce on final di	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no ar ynknawn) Uf yes, give wor ar dates af service) 216. SOCIAL SECURITY NO.	B Ms From Govel Danglere Bd.
of any unced tenda	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
onon onon r att	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease.	AS A CONSEQUENCE OF
fract o pr gula emb	injury or complication which caused death.) ANTECEDENT CAUSES	De Motastans.
who who	DISEASES OR CONDITIONS, if any, giving DUE TO, OR	AS A CONSEQUENCE OF:
ian s in ins c	rise to the above cause (A) stating the UNDERLYING CONDITION last, (C)	***************************************
physici an was remai	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
Body the ysici	19A-DATE OF OPERATION 119B CONDITION FOR WHICH OPERATION WAS PERFORMED ARCINOMA STONE	20A-AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
here No p	OR CONTRIBUTING CAUSE OF hame, farm, factory, street,	affice bidg. INJURY OCCUR? (If in Bollimore City, give exact lacotion)
ept w d (6) I	21D-TIME (Month) (Doy) (Year) (Haus) 21E INJURY OCCURRED While At Not Will At Wark	21F. HOW DID INJURY OCCUR?

22. I certify that (47 (this hospital) attended the deceased from... that (1) (we) last saw the deceased alive an and that in (my) (aur) apinian death occurred an the date and have and from the causes stated above. (1) (We) (did) (did not) view the bady after death. 23A. SIGNATURE 23B, DATE SIGNED Attending Phys. Med. Director 23C. PHYSICIAN'S NAME (Typel 23D. ADDRESS SALTO, MO 24A. BURIAL CREMATION, 24B. 24C. NAME of CEMETERY OF CREMATORY (City, town, or county) BURIAL 5/24/72 OA

25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF
MAY 23 1972 Robert E. John EM. 2 OAK LAWN
25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS VS 150-REV. 1/1/68



VS 150-REV. 1/1/6B

JMK

~	2 0488	7	BALTIMORE CITY	HEALTH DEPARTMENT		72 04887
1	2 0400	31	CERTIFICA	TE OF DEATH	REG. NO	12 01001
BIRTH NO.		- 2011	CERTIFICA			
(Type or Print)					NO HOUR OF DEATH	
			SKI, SUSAN	MAY	20, 1972	4:15 A.M.
3. PLACE IN BAL	TIMORE, MARYL	AND, WHERE	E PRONOUNCED DEAD	A. STATE B. COUN	NTY	titution: residence bofore admission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN	HOSPITAL C	OR INSTITUTION, GIVE STREET	MARYLAND C. CITY OR TOWN	D. INSID	21215 DE CITY LIMITS?
11-0	ST A	GNES H	HOSPITAL	BALTIMORE		YES NO
70	GATO	MORE .	LKENSLAYENUES25	E. STREET AND NUMBER	TUTE-6420 F	REISTERSTOWN RD.
S. SEX	6. RACE		ARRIED NEVER MARRIED X	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. It Under 24 Hrs. Months Ooys Hours Min.
FEMALE	CAUCAS	1 - 14	DIVORCED DIVORCED	08/11/89	82	And the second s
OA, USUAL OCC			KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or force	ign country)	12. CITIZEN OF WHAT COUNTRY?
Retire			0.70	DOLAND		Unknown
3. FATHER'S NA		sereph	61.	POLA NO	AAF	OHRHOWH
	Laure La			THE THE PERSON IN THE		
VALENT		NIAWSK			ONSKI	
5. Was Deceased Yes, no or unknown	Ever in U. S. A	rmed Forces?	service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	TO MD 21229	ADDRESS
No				ST AGNES! RE		
18. // /	7		CAUSE OF DEAT		CONDS CALL	APPROXIMATE INTERVAL
DISEA	E OR CONDIT			" Acut -	gocalial fortion	
(This does i	of mean the	mode al dyin	ng, e.g., (A) IMMEDIATE CAL	A CONSEQUENCE OF:	grandi	
	osthenio, etc.		disease,	to the second of	forts on	
	plication which		m.,			
	ANTECEDENT	CAUSES	(B) #2 Ta	nopelents	- coult	Vas col -
	R CONDITIO		giving DUE TO, OR AS	A CONSEQUENCE OF	ene-	
	abave cau		(C)	000		
		1441	(-/			
Z OTHER SIGNU	ICANT CONDITIE	ONE CONTRI	RITING			
TO THE DEAT	H BUT NOT RELA	TED TO THE TE	RMINAL			
	ONDITION GIVE		A). ON FOR WHICH OPERATION	20A. AUTOPSY? (Yos or No	D) 20B, IF YES, WERE FI	NDINGS CONSIDERED
		WAS PERFORM		NO	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
LL The second se	NT WAS UNDER	RIYING	218. PLACE OF INJURY (o.g.,		(If to Rolling	City give anot leasting
OR CONTRIB	TING CAUSE	OF	home, faim, loctory, stroot, o	fice bldg., INJURY OCCUR?	(ii in politimore	City, give exect location)
DEATH (notily	modical examin	or)	etc.)			
OF INJURY	(Month) (Doy	(Yeor) (H	our 21E. INJURY OCCURRED	21 F. HOW DID IN	URY OCCUR?	
(APPROX.)			While At Not Whil			
			Work L At Work			
			tended the deceased from MA			20 19.72 .
that (X (we)	last saw the	deceased al	live an MAY 20	19 72 and th	nat in XX (our) opin	Ian death occurred on the date
			abave. *() (We) (did) (**(**)*(*)*()			
23A, SIGNATU			X, (ala, (X)X XXX	The bady affer deaths		23B, DATE SIGNED
	p. st		Atto	nding Mod.	Staff It	
6	Citals	u 12	OEGREE Phy	Director L	Phys	05/20/72 0 MD 21229
23C. PHYSICIA NAME (T		TSU H		23D. ADDRESS	BALT	0 MD 21229
777712 (217	4700	1 HENZAM.	ST AGNES HOS	PITAL CATO	N & WILKENS AVES
24A. BURIAL CRE		DATE	24C. NAME of CEMETERY OF CR			, town, or county) (Stotel
REMOVAL (pocily)			Trans.		
Burial		23/72	New Cathedral		Baltimore	, Md.
2SA. DATE REC'D	BY MEALTH DE	PT. A BB.	MANAGE RATE BEAR	25C. FUNERAL DIRECTO	R	ADDRESS
MAY 9	T YY II	ADEND -		CONTRACTOR C		8 W. North Ave (1

11/17/61 Adm to seton,

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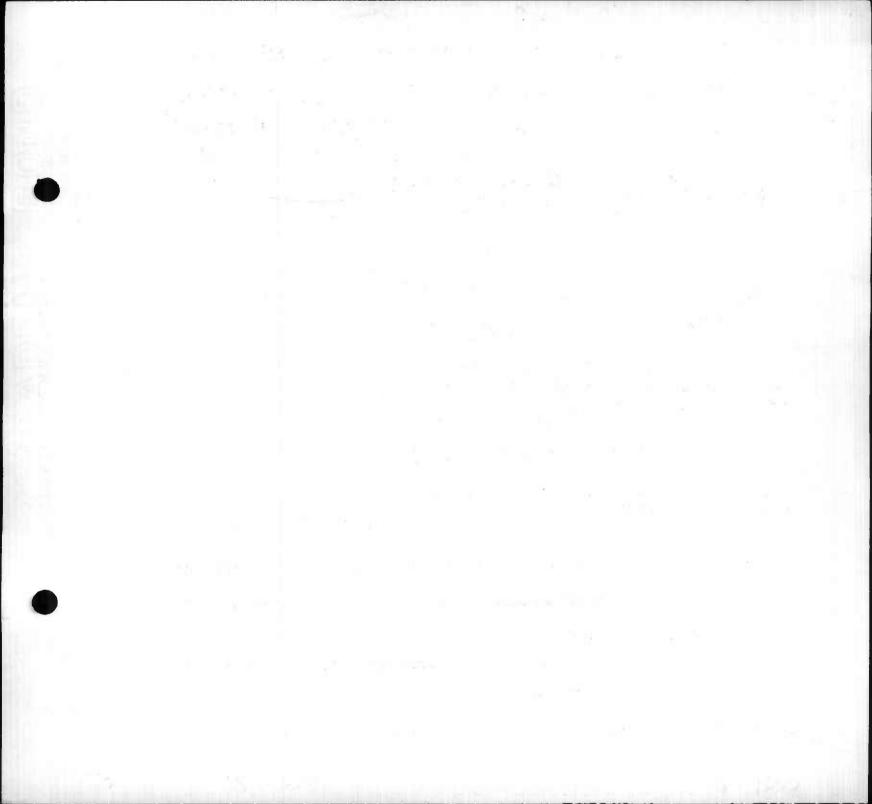
04888	BALTIMORE	CITY HEALTH DEPARTMENT
0 11 000		

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CERT	IFICA	TE	OF	DEA	TH
		N 1 1-			١п

72 U4888	REG. NO	72	U48	88
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BIRTH NO.	CERTIFICA	TE OF DEATH	REG, NO	
1. NAME OF DECEASED (Type or Print)		2. DATE A	NO HOUR OF DEATH	F 0
Daniel	Kachnowich	M	ay 21, 197	72 15:00 F M
3. PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	A. STATE B. COU	ero doceosed lived. Il Ins	titution: residence before admission)
FULL NAME OF HOSMTAL OR ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET	Maryland C. CITY OR TOWN	D INSID	2631
4706 Renwick Ave	e. Baltimore	Baltimore		YES NO
00		E. STREET AND NUMBER	ick Avenue	
5. SEX 6. RACE	7- MARRIED NEVER MARRIED	8. DATE OF BIRTH		William S. W. William S. W.
Male White	WIDOWED DIVORCED		last birthdoyl	Hunder 1 Yr. It Under 24 Hrs. Manths Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of work		July 31, 1894	ion country)	12. CITIZEN OF WHAT COUNTRY?
one during most of working life, even if retired) Carpenter	Building Industr		agii oodiiny/	
3. FATHER'S NAME	Darraing Industr			Reg. Alien
		14. MOTHER'S MAIDEN NA	ME	
? Kachr	nowich	?		
5. Was Deceased Ever in U. S. Armed Fore res, no ar unknown) (If yos, give war ar date:	s of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	(son)	APPRES2 White
No ///////	218-07-976	8 Mr. Henry	Kachnowich	Ave Baltimore
18.	CAUSE OF DEATH	_		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIR	auca	se Cucu	una)	BETWEEN ONSET AND DEATH
(This does not mean the mode of heart failure, asthenia, etc. It means	the disease	CONSEQUENCE OF:	4 - 4	
injury at camplication which caused	deoth.)	ou Um	1. dans	- 1
ANTECEDENT CAUSES	(8) 11.0	On Palle A	- ADI	
DISEASES OR CONDITIONS, if a rise to the above cause (A) UNDERLYING CONDITION last.	stoling the	A CONSEQUENCE ON	d france	
11	(C)			
OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART	E TERMINAL	10-+gen-	farten	ul
19A-DATE OF OPERATION 19B. CONE WAS PERFO	ORMED	20A. AUTOPSYE (Yes or No	208, IF YES, WERE FIN IN CERTIFYING CAUS	NDINGS CONSIDERED
21A-ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	218. PLACE OF INJURY (e.g., in home, farm, factory, street, off	or obout 21C, WHERE DID	(It in Boltimare (City, give exact location)
21D. TIME (Manth) (Day) (Year)	(Hour) 21E INJURY OCCURRED	21F. HOW DID INJ		
OF INJURY (APPROX.)	While At Not While		DRY OCCUR?	
22. I certify that (I) (this hospital)	[.]	10 /	10 1112	
that (i) (w/) last saw the deceased		2/10	9 to free	9 19
		and the	ot in (my) (9pf) apinio	on death accurred on the date
and have and from the causes state	ed above, (i) (We) (did) (did with) vi	ew the bady after death.		
My Opel W Ma	DEGREE Phys.		Shoff Phys.	SR DATE SIGNED
23C/PHYSICIAN'S/NAME (Type)	INTZER GEGREE	30. ADDRESS	ugele lu	Bull her
REMOVAL (Specify) 248. DATE	24C. NAME of CEMETERY OF CREA	MATORY / 24D. LC	CATION (City,	town, or county) (State)
Burial 5/24/7	2 Holy Redeemer	Cemetery Ba	Itimore, M.	d . ADDRESS
MAY 29 1972 Page 05	20 Top 000	M.F.Sadowsk	i & Sons	Baltim ore, Md.



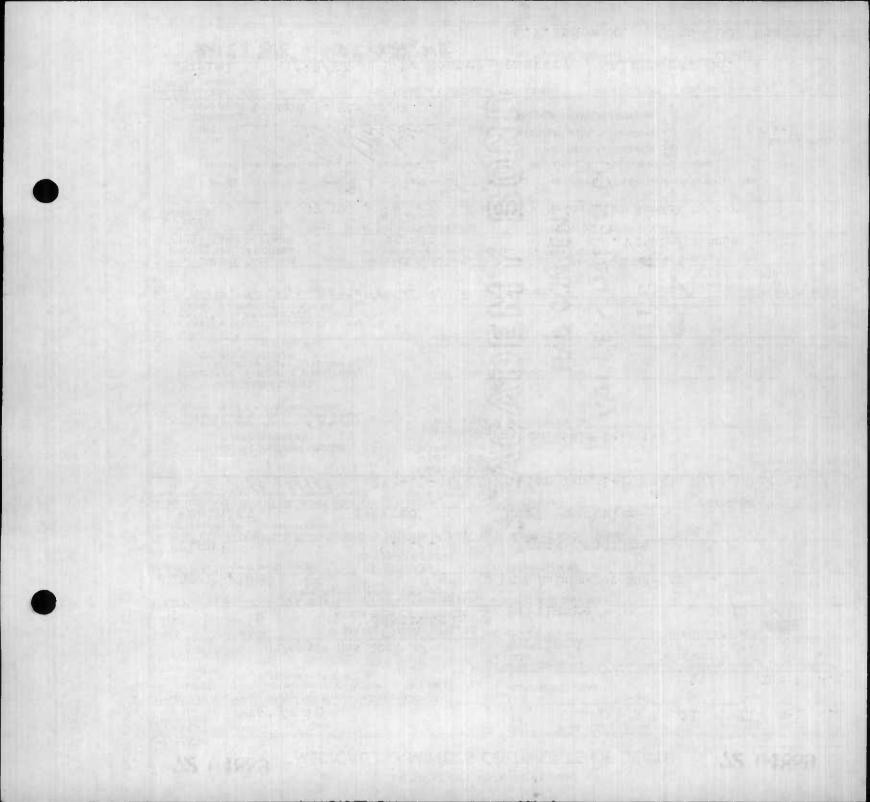
1 K-536 72 04889 BIRTH NC.

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH.
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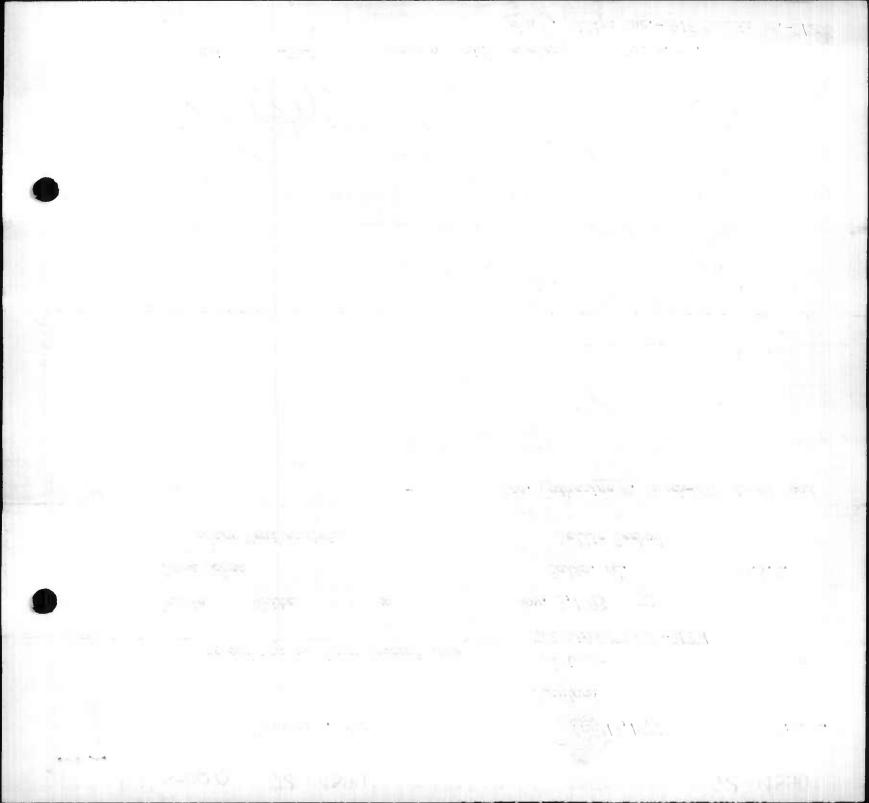
DIKIT NC.	CERTIFICATE OF DEATH REG. NO. 72 U4889
1. NAME OF DECEASED (Type or Print)	2. DATE Knawn Manth Day Year Hour
Peter Kendryna	DEATH Estimoted 5 21 72 6:15 a. M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION OR INSTITUTION	PRONOUNCED DEAD 5 21 72 6:15 a. M. 5. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
St/Agnog Hognital	A. STATE B. COUNTY
St/Agnes Hospital	Maryland
6. SEX 7. RACE B. MARRIED NEVER MARRIED WIDOWED WIDOWED WIDOWED WIDOWED	Baltimore D. INSIDE CITY LIMITS?
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr, If Under 24 Hrs.	E. STREET AND NUMBER
June 21, 1890 Set birthday) Months, Days, Hours, Min.	3927 Colchester Road
11. BIRTHPLACE(State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
Poland U.S.A.	Frank Kendryna
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR	Y 15. MOTHER'S MAIDEN NAME
done during most of working ille, even il retired) Machinist Retired	Mary Pszybalka
6. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
No ////// 21/3-09-1682A	
CAUSE OF DEA	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
(This does not mean the mode of dying, e.g.,	
heart failure, asthenia, etc. It means the disease,	AS A CONSEQUENCE OF:
	AS A CONSEQUENCE OF:
Injury or complication which caused death.)	AS A CONSEQUENCE OF
Injury or complication which caused death.) ANTECEDENT CAUSES (8)	
Injury or compilcotion which coused death.) ANTECEDENT CAUSES (8)	AS A CONSEQUENCE OF:
Injury or compilcotion which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
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N 7 1 9 7 2 0 0 0 3 8 8 4



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased FUNERAL DIRECTOR: IMPORTANT

	DALTH COST CITY			104/3
5-000 72 048		Y HEALTH DEPARTMENT	V	72 04890
BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO	
1. NAME OF DECEASED		10 8		
(Type or Print)	CI		HOUR OF DEATH	
3. PLACE IN BALTIMORE, MARYLAND, WHERE	hea	l'ay là	3,1972	5:00 A. M
3. FLACE IN BALTIMORE, MARILAND, WHERE	PRONOUNCED DEAD	A. STATE B. COUNT	deceased lived. If i	institution: residence before admission)
FULL NAME OF UF NOT IN HOSPITAL O	R INSTITUTION, GIVE STREET	Mryland	(ni	0 5 300
FULL NAME OF (IF NOT IN HOSPITAL OF ADDRESS OF LOCATION	4)	C. CITY OR TOWN	15 181	IDE CITY LANGE
_			D. IN:	SIDE CITY LIMITS?
90 Harford Gardens (or	nualescent Home	E. STREET AND NUMBER		YES NO X
Marchana garateras (or	traces certe rionae		2 1 2/2	2/
		922 Kinwat	1000 -2122	21
5. SEX 6. RACE 7. N	ARRIED NEVER MARRIED	8. DATE OF BIRTH 9.	AGE (In years	Months: Days Haurs Min.
	DOWED DIVORCED	Nov. 3, 1893 10	78	Months Days Haues Min.
10A, USUAL OCCUPATION (Give kind of work 108,	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	n country)	12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired)		Balto. Mo		U.S.A.
				u.J.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	Ε , ,	
Andrew Weatherstein		Nellie S	eebod	
15. Was Deceased Ever in U. S. Armed Forces?	114 606:			
(Yes, no or unknown) (If yes, give war or dales of	service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	_	Mrs. Catherine	M. Hauch	922 Kinwat Road
18. 44 / 17	CAUSE OF DEAT	H Castester	The Trace	APPROXIMATE INTERVAL
1.00	pl _1	/		BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECT	MYYDULAA	cleratic andier	(a carela - 1)	sease Several geoms
(This does not meon the mode of dyin	'(A)IMMEDIALE CAL	12F	esevier Os	leate Seneral deans
heart failure, asthenio, etc. Il means the	disease. DUE TO, OR AS	A CONSEQUENCE OF:		
injury or camplication which caused deat	hJ			, v
ANTECEDENT CAUSES	MC			1
DISEASES OR CONDITIONS, if any,	niving DUE TO, OR AS	A CONSEQUENCE OF:		
rise to the above cause (A) stati	ng lhe	THE STATE OF THE S		
UNDERLYING CONDITION lost	(c)			
II				
O OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING			
TO THE DEATH BUT NOT RELATED TO THE TEN	MINAL			
19A. DATE OF OPERATION 198. CONDITIO	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208 IF YES WERE	FINDINGS CONSIDERED
WAS PERFORM	ED		IN CERTIFYING CA	USES OF DEATH?
U 21A ACCIDENT WAS UNDERLYING T	218 BLACE OF INTURY	///		
OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., in home, form, foctory, street, of	lice bldg., INJURY OCCUR?	(If In Boltimo	re City, give exact location)
U	elc.)			
Q 21D. TIME (Month) (Day) (Yearl (Ho	ud 21E INJURY OCCURRED	21F. HOW DID INJUI	Y OCCUP?	
S OF INJURY (APPROX.)	While At Not While			
INTROM	Work At Work			
22. I certify that (1) (this haspital) atte	ended the deceased from	March 10 19	22 to /	Jan 18 1972
that (1) (we) last saw the deceased all	11 / 1 / 1			
			in (my) (out) opi	nian death occurred an the dote
and have and from the causes stated a	bove. (1) (We) (Md) (did not) v	lew the bady after death.		
234. SIGNATURE	200			238, DATE SIGNED
Jan 11 Janes	Alte	nding Med. Sh	off ys.	5/20/20
23C. PHYSICIAN'S	DEGREE	Director L Ph	ys. L	0/20/12
23C. PHYSICIAN'S NATIVE (Type)	7 And	23D. ADDRESS	1817	7 mt 1. 1
1/1 /64/1/.	mmorman 12	3202 Harton	d / Id. /	allimore IVI
244 BURIAL CREMATION, 248 DATE	24C. NAME of CEMETERY OF CRE	MATORY 24D. LOC	ATION (C)	ty. tawn, or county! (State)
REMOVAL (Specify)			101	The state of southly state of state of
Burial 5-22-72	Gardens of Fait	h Cemetery	Balto. Md.	
	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
MAY 29 1972 Pasan 4 4	heller, N.D.	John C. Miller	Inc6415	Belair Rd21206
/S 150-REV. 171/68				



BALTIMORE CITY HEALTH DEPARTMENT 72 04891 REG. NO. 72 CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) May 18, 1972 Norman H. Brodsky 4. USUAL RESIDENCE (Where deceased lived. If institution: lesidence before admission)
A, STATE
B, COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Maryland FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? Baltimore YES X NO E. STREET AND NUMBER 1330 Broening Highway 1330 Broening Highway isposition is made. & DATE OF BIRTH 9. AGE Un years If Under 24 His. 5. SEX 6. RACE 11 Under 1 Vr. Months! Days MARRIED NEVER MARRIED last birthday) 50 Hours ! March 2, 1922 Male White WIDOWED DIVORCED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHFLACE ISlate or foreign country) 12. CITIZEN OF WHAT COUNTRY? dene during most of working life, even # refired)
Retired U. S. A. Marvland 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Ida Hill Schy Brodsky T 15. Was Decoased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) 1330 Brooning Highway final SECURITY NO. Yes 213-12-6553 Mrs. Frances Brodsky. Balto. Md. 21224 CAUSE OF DEATH APPROXIMATE INTERVAL 10 BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES are DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, If any, giving rise to the above cause (A) staling the UNDERLYING CONDITION last remains CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). the 19A DATE OF OPERATION 19A CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? No before 21B PLACE OF INJURY le.g., in or about 21C. WHERE DID home, farm, factory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (II In Baltimore City, give exact location) MEDICAL DEATH Inotify medical exemined obtained 21D. TIME 215 HOW DID INJURY OCCUR? (Month) (Doy) (Year) (Hous 21E INJURY OCCURRED Not While While At [IAPPROXI At Work Work 22. I certify that (1) (shis hospital) attended the deceased from 99 that (1) (we) lost sow the deceased alive an_ and that in (my) (aw) opinion death accurred on the date must ond hour and from the causes stated above. (I) (We) (did) (did not) view the bady after death. 238 DATE SIGNED 23A/SIGNATURE Attending X 5/19/72 Phys. Director approval 23C PHYSICIAN'S 23D. ADDRESS NAME ITypel 2108 Orems Road, Baltimore, Md. Louis Semenoff 24A. BURIAL CREMATION, 248, DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (State) REMOVAL (Specily) Burial 5/22/72 Glen Haven Cemeterv Glen Burnie, Md.

25C. FUNERAL DIRECTOR

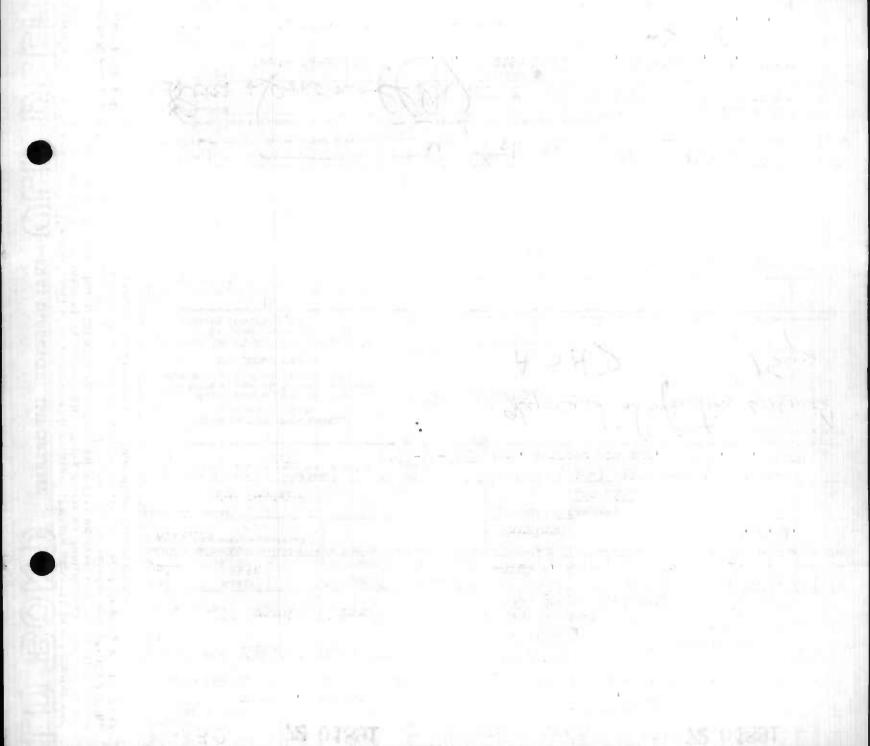
John J. Duda, 7922 Wise Ave. Dundalk, Md.

haspital and use of death ; (5) Deceased dance on the Such death. attendance rect or contributing cause (4) Undetermined cause; (5) 0 prior occurred in regular deceased death SD the direct 3 assistant if death HO attendance fracture of any pronounced regular examiner. who 4 3 .= physician chief medical MOS medical any nature; (2) Bady burns; No physician the 0 where the body was released to the hospital by 9 approved (except pup leath); jo hospital accident 70 0 0 prior at An 4 eceased D.0 written shows: SID 70

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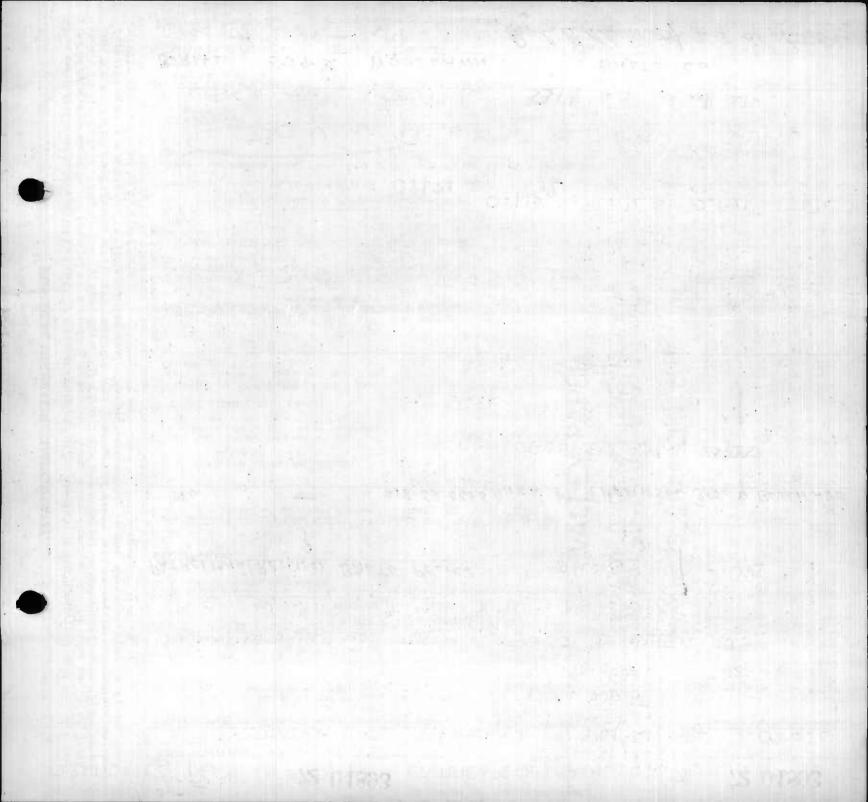
258, NAME OF REGISTRAR



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	Pe or Print)	Rosal	lind	E	. M	artin				May 21	1,19		3:4	5 P. M.
3.	PLACE IN BAL	IMORE MAR	YLAND, W	HERE PRO	NOUNCED DEA	D	4. USUA A, STATE	L RESIDENCE (V	Where o	deceased live	d. If ins	titution: re	sidence be	fore admission)
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IN	INSTITUTION .				Baltimore YES X NO									
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臣	19A. DATE OF OPERATION 19B. CONDITION FOI WAS PERFORMED			or which orekanon		IN CERTIFYING C			G CAU	CAUSES OF DEATH?				
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AL	OR CONTRIBUTING CAUSE OF hom			home, form, foc	ome, form, foctory, street, offi-		fice bidg., INJURY OCCUR?			City, give exact location)				
U	DEATH (notify medical examiner) etc.)													
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<				While At Work	Not Whi At Work									
	22, I certify that (I) (this hospital) attended the deceased from December 1966 to May 21, 1972,													
					on May 1			72 and					h occure	
P										m(my) too	e, opin	1011 0001	in occurre	ad dil the date
	and hour and from the causes stated above. (I) (#e) (dld) (did not) vie					view the I	ody after dea	th.			DAY	T CICNED		
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1:6	NAME T	NES	1		1		23D. ADDI	ESS						
Dr Lloyd E Saylor 3902 Greenmount							ount A	Ave.						
24/	BURIAL CRE	MATION, 24B			C. NAME of CEN	AETERY OF CR			D. LOC			y, town, c	or county)	(Stote)
9-	REMOVAL (۲ ۵۱	50 -			26		-					
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was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

BIRTH NO. 1. NAME OF DECEASED (Type or Print) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF MODERN ADDRESS OR LOCATION) INSTITUTION, GIVE STREET C. CITY OR TOWN C. CITY OR TOWN D. INSIDE CITY LIMITS? YES NO E. STREET AND NUMBER WIDOWED DIVORCED 100. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITZEN OF WHAT COL	ission)						
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3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before odm A. STATE B. COUNTY A. STATE B. COUNTY C. CITY OR TOWN D. INSIDE CITY LIMITS? YES NO E. STREET AND NUMBER S. SEX 6. RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED 1. 21-06 Never Marrian Neve	ission)						
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S. SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) WIDOWED DIVORCED (\(\sigma \geq \) \(\lambda \geq \) Under 1 Yi. If Under 2 Yi. If Und	4 He-						
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PATROLMIAN (RETIRED) BALTO POLICE MORY USUS USO							
13. FATHER'S NAME							
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS							
(Yes, no or unknown) (II yes, give wor ar dotes of service) SECURITY NO.	1/2						
NO 218-03-6620 ANNA M. THOMPSON 3530 D BEECH A	RVAL.						
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury at complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION 199. DATE OF OPERATION 199. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in ar obout 21C. WHERE DID home, larm, foctory, street, office bldg., INJURY OCCUR?							
DEATH (natify medical examiner) etc.)							
21D. TIME (Manth) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Work At Work							
WORK OF TOTAL							
22. I certify that (1) (this hospital) change in a december in the december in							
that (I) (we) last saw the deceased alive on. 19 and that in (my) (our) opinion death occurred on the date							
and hour and from the couses stated above. (I) (We) (dId) (dId not) view the body after death.							
23A. SIGNATURE Attending Med. Staff Staff J 21 72							
23C. PHYSICIAN'S NAME (Type) DEGREE Phys. Director L. Phys. L. 23D. ADDRESS							
CESAR VILLERAN DEGREE 3318 and CALVENT ST.	tote)						
REMOVAL (Specify) REMOVAL (Specify) Solution City, fown, or county) REMOVAL (Specify) BALTO CO,							
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR APDRESS	111						
MAY 20 1972 Robert E. Jacken M.D. Paul Elshenowstap 3615 Chestreet	PALL						

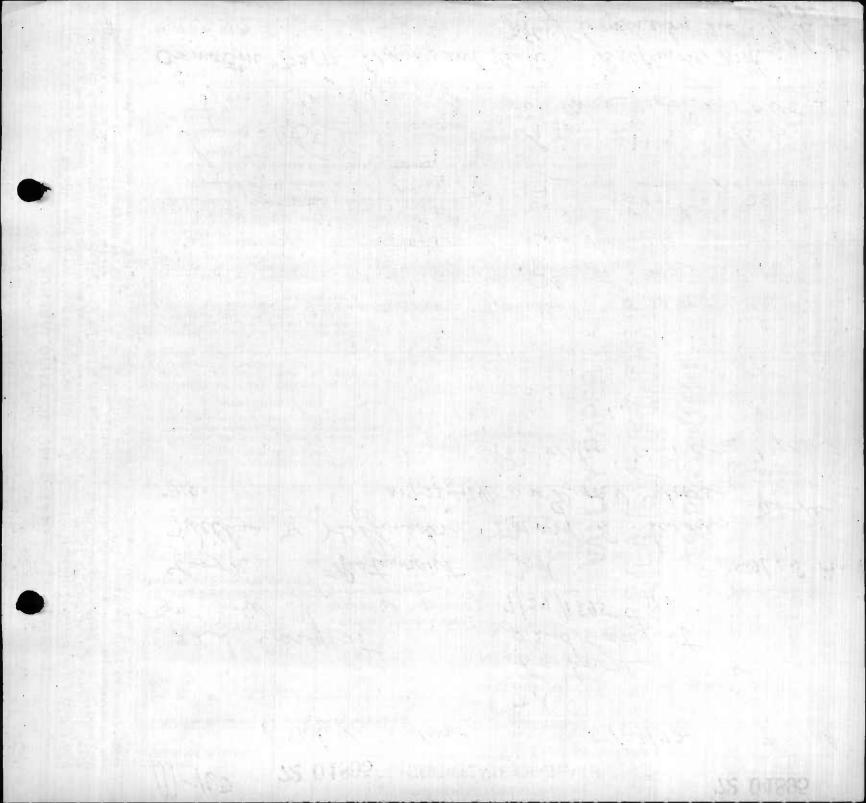


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such

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	FULL NAME OF HOSPITAL OR IN HOSPITAL OR IN ADDRESS OR LOCATION!	STITUTION, GIVE STREET	C. CITY OR TOWN D. INSIDE CITY LIMITS?						
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1005	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME						
dist	William Legets		Elsavor M						
	5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown! (It yes, give war ar doles at serv	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS				
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0	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH		Rilar Par	11000					
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e the	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIT DISEASE OR CONDITION GIVEN IN PART 1 (a). 19A-DATE OF OPERATION 19R. CONDITION WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING 1	OR WHICH OPERATION	20A AUTOPSY? (Yes or No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
Det	21A ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (nally medical examines)	(If In Boltimore City,	give exact location)						
optained	21D-TIME (Manth) (Doyl (Yeon) (Houn) OF INJURY (APPROX.)	21 E INJURY OCCURED 21 F. HOW DID INJURY OCCUR? While At Not While							
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6	Stephe Great	DEGREE Phys	nding Med. Staff Director Phys.						
approv	STEPHYSICIAITS SNAME ITYPE	180	3D. ADDRESS						
		C. NAME of CEMETERY of CRE			or county) (State)				
0	burial 5-20-72	St.Pauls Cemet	ery Poi	int of Rocks F	red. Md.				
>	MAY 23 1972	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	ral Home-Bruns	ADDRESS				
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1 + 2110 xx 224 725/4/11 , M& N

M 11/D	BALTIMORE CITY HEALTH DEPARTMENT 72 04895
BIRTH NO. 72 04895	CERTIFICATE OF DEATH
(Type or Print) Ethel V.	miller 2. Date and Hour of Death 8:00A
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	NCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, II institution: residence before admission at STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUT	
INSTITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS? YES A NO
l c et	E. STREET AND NUMBER
22. S. Carey St.	22 S. Carey St.
S. SEX 6. RACE 7. MARRIED	NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years Manths: Days Haurs Min.
10A. USUAL OCCUPATION (Give kind al wark 10B, KIND OF	
done during most of working life, even if retired)	to and one of the
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William H. Holl	mider more E. Lemone
15. Was Deceased Ever in U. S. Armed Forces? (Tes,no arunknawn) (If yes, give war or dates of sprice)	16. SOCIAL SECURITY NO. ADDRESS ADDRESS
no.	217-22-4646 nero Ruth V. Wells
18.	CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
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(This does not meen the made at dying, e.g., heart foilure, asthenia, etc. It means the disease,	(A) IMMEDIATE CAUSE OF WELL (AS)
injury or complication which caused death.)	
ANTECEDENT CAUSES	(B)
DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) sloting the	Due 10, Ok as a consequence of:
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OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
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OR CONTRIBUTING CAUSE OF home,	PLACE OF INJURY (e.g., in ar about 21 C. WHERE DID e, larm, loctory, street, affice bldg., INJURT OCCUR?
DEATH (notily medical examiner) etc.)	
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(APPROX.) Work	k L AI Work L
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that (1) (we) Last saw the deceased alive an	
23A. SIGNATURE) (We) (July) (did nat) view the bady after death.
Summer Hotelin	Attending Med. Staff Director Phys. Director Phys.
23C.PHTSICIAN'S NAME (Type)	23D. ADDRESS
SEYMOUR K. RUE	BIN, W DEGREE 5416 VARK RETCHATS RUE -
24A. BURIAL CREMATION, 24B. DATE 24C. NAT	ME of CEMETERT of CREMATORY 24D. LOCATION (City, town, or county) (State)
Oremation 5/22/72 . 25	reenwount Can. Beltimore, ma,
25% DATE REC'D BY HEALTH DEPT. 25B. NAME OF	F REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
VS 150-REV. 17/68	120 0 13my Joewan word the Holling



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the body was released to the hospital

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D.O.A. shows: (1)

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th occurred in a hospital and contributing cause of death etermined cause; (5) Deceased Such 20 death. ance attend 0 prior disposition is made. in regular deceased (4) Und SDM the death HO final attendance dny pronounced 10 embalmed fracture of regular are physician the remains Was physician any nature; (2) Body the before where No be obtained 9 (except and eath); of 6 hospit An accident

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. RTIFICATE OF DEATH BIRTH NO I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 5.20.72 HARLES 4. USUAL RESIDENCE (Where deceased lived, If institution, residence before admission)
A, STATE

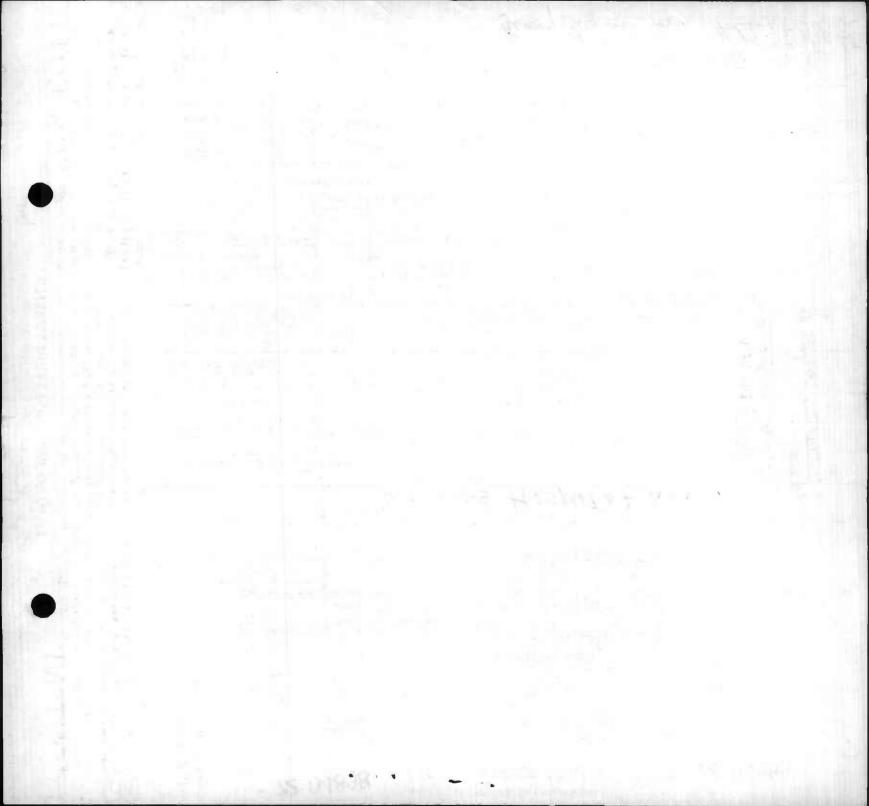
8. COUNTY 3. PLACE IN BALTIMORE MARTLAND, WHERE PRONOUNCED DEAD 21230 Celler FULL NAME OF HOSPITAL OR (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION! C CITY OR TOWN D. INSIDE CITY LIMITS? Bultimore YES V NO BALTIMORE GENERAL OUTH E. STREET AND NUMBER HOSPITAI 5. SEX 9. AGE Un years 6. RACE & DATE OF BIRTH If Under 1 Ys. If Under 24 Hrs. MARRIED NEVER MARRIED lost birthdov 8-10 DIVORCED WIDOWED 62 Yrs 10A USUAL OCCUPATION Give lind of work 10B KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE ISlate or foreign country 12 CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Blel ti morre U.S clerk 13. FATHER'S NAME A MOTHER'S MAIDEN NAME SAMUE WATERS 15, Was Decoused Ever in U. S. Armed Forces 7. INFORMANT 6 SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. CAUSE OF DEATH 18. BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE IThis does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, DUE TO, OR AS A CONSEQUENCE OF inlury at complication which caused death.) ANTECEDENT CAUSES OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, it any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last, Anlusi CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 208 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 19R CONDITION FOR WHICH OPERATION WAS PERFORMED 20A- AUTOPSY? (Yes or No! 218 PLACE OF INJURY is go in or obout 210 WHERE DID home, form, fectory, street, office bidge INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If In Boltimore City, give exact location) MEDICAL DEATH Inotify medical examined 21E INJURY OCCURRED 21D. TIME Houd 215. HOW DID INJURY OCCUR? (Month) (Day) (Year) Not While While At (APPROXI Work At Work 22. I certify that (1) (this hospital) attended the deceased from. 5 5-20 19.7 2- and that In(my) (our) opinion death occurred on the date that (1) (we) lost sow the deceased alive an. and hour and from the causes stated above. (1) (We) (did , did , not) view the body after death. must 23A. SIGNATURE 23B DATE SIGNED Attending Phys. Med. approval 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) .S. SAWHNE 3001 Md. 2122 24C. NAME of CEMETERY of CREMATORY 24A. BURIAL CREMATION, 248, DATE 24D. LOCATION REMOVAL (Specify) written MAY 23 1972 ADDRES 258 NAME OF REGISTRAR 25C. FUNERAL DIRECTOR VS 150-REV. 1/1/68

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,	11		BALTIMORE CIT	Y HEALTH DEPARTMEN	IT	72 04897
11/2	11-656 TH NO.	72 048	97 CERTIFICA	ATE OF DEAT	H REG. NO	1007
1. N	PAME OF DECEASE	WARNE	R. ANDRE	NE, 2. DAT	SISITO	1 9.40am
3.	PLACE IN BALTIMO	RE, MARYLANO, WHERE	PRONOUNCED DEAD		(Where deceased lived, If	institution: residence before admission
HC	OSPITAL OR	(IF NOT IN HOSPITAL OF ADDRESS OR LOCATION	R INSTITUTION, GIVE STREET	MD c. city or town	Ballimor	e city 1203
IN	NOITUTION	n Memor	ial Hospita	4 0 4 -	more	YES 🛭 NO 🗌
-	+4			2829	N. calver	t st.
5. :	Male 6. R	M Fa	ARRIED NEVER MARRIED OWED DIVORCED	8. DATE OF BIRTH 6/28/90	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Ooys Hours Min.
	USUAL OCCUPAT	a life even if retired)	KINO OF BUSINESS OR INDUSTR		r foreign country)	12. CITIZEN OF WHAT COUNTRY
, 01	6. 1.	d C:	ivil Engineer	Mary	pland	U. S. A.
13.	FATHER'S NAME	Will be the little		14. MOTHER'S MAIDEN	NAME	
		Andrew L. V	Warner		n F. M. Warr	ner
		in U. S. Armed Forces? es, give wor or dotes of s WW I	16. SOCIAL SECURITY NO. 579-12-8006	AMr. Douglas	s Warner Wh	nite Hall, Md.
_	18.	41 -	CAUSE OF DEA	TH		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		CONDITION DIRECTL	-Υ	1 . 1	0 11.	umaria 10 das
	(This does not n	ean the made at dying			3roncho pri	umona 10
		enia, etc. It means the d tion which caused death	disease,			
	ANTE	CEDENT CAUSES	(a) Ch	rovic Br	rain syn	Arom O.
1		ONDITIONS, if any,		S A CONSEQUENCE OF:	V	S
	UNDERLYING CO	oave cause (A) slatir ONDITION last.	(c) AS	VD &	PASD	
_		II		-57		
TION		T CONDITIONS CONTRIB				
IFICA	19A. DATE OF OPE		N FOR WHICH OPERATION	20 A. AUTOPSY? (Yes	or Nol 208. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
RTIF	0 -	WAS PERFORM	ED	No	IN CERTIFYING C.	AUSES OF DEATH?
AL CE	21 A. ACCIDENT WOR CONTRIBUTION OF CONTRIBUTION OF THE CONTRIBUTIO	AS UNDERLYING COL CAUSE OF	21 B. PLACE OF INJURY (e.g. home, lorm, foctory, street, etc.)	office bldg., INJURY OCCU	IID (If in Boltime	ore City, give exoct locotion)
EDIC	21 D. TIME (Mo	nth) (Day) (Year) (Ha	ut 21E. INJURY OCCURRED	21F. HOW DIE	D INJURY OCCUR?	
S	(APPROX.)		While At Work At Work			
	22. I certify that	(I) (this haspital) atte	ended the deceased fram	LA 19/72	19ta	5 18 19.72
	that (1) (ye) last	saw the deceased all	ve an 5 17	19.72 ar		Inlan death occurred an the dat
	and have and fra	m the causes stated at	bave. (1) (We) (did) (did 1101)	view the bady after de	oth.	
	23A. SIGNATURE	S. Desa		and and a		23B, DATE SIGNEO
		s. Neso	M · D . GEGREE PI	tending Med. Director	Shaff Phys.	
	NAME (Type)	S. DES	M.D. DEGRE	23D. ADDRESS	Memoria	I Hospital
24/	REMOVAL (Specif	ON, 24B. DATE	24C. NAME of CEMETERY OF C		4D. LOCATION	City, town, or county) (State)
	Burial	5/20/72	Green Mount	Cemetery	Baltimore,	Md.
254	DATE REC'D BY	- 0	NAME OF REGISTRAR	25C. FUNERAL DIRE	CTOR	ADDRESS
	MAY 23 191	Z 1482 B & V	allow MOD. O O	Mitchell	Wiedefeld	6500 York Rd.
VS	150-REV. 1/1/68			0 0	l-d	

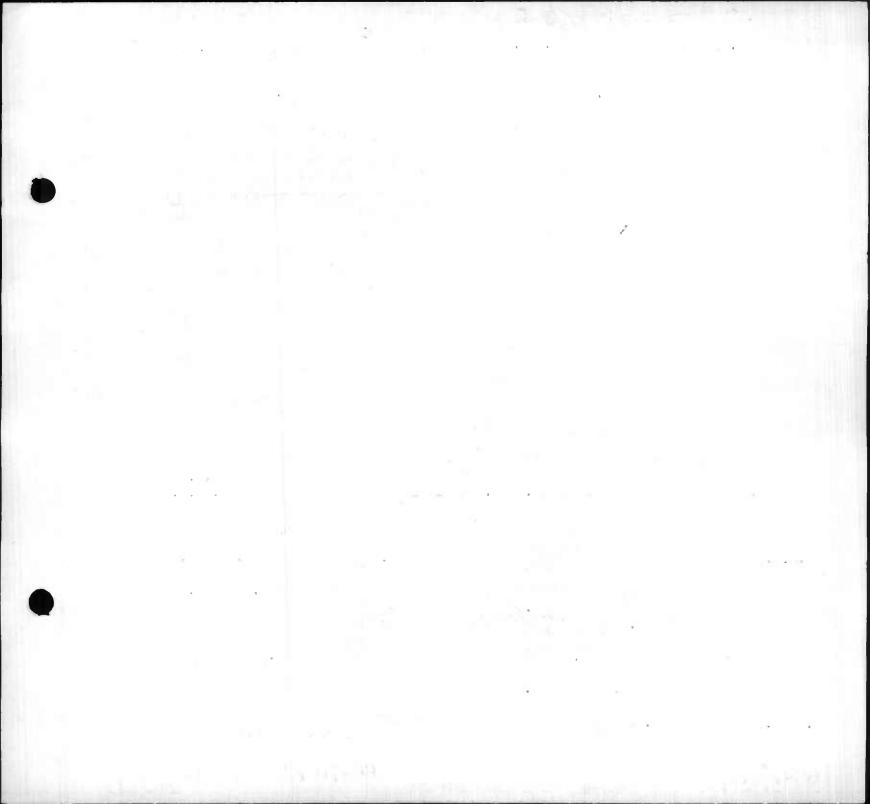
Released on approved of medical Extensioners. FUNERAL DIRECTOR: IMPORTANT

BALTIMORE CITY	HEALTH DEPARTMENT
S-542 2 04898 CERTIFICA	TE OF DEATH REG. NO. 72 14898
I. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
ROSE B. SAMUELS	5-19-12 5 0.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE IWhere deceased lived. If institution: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Md 401
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Mercy Hospital	Ballimore YES A NO
31	E. STREET AND NUMBER
5. SEX 6. RACE 7. MADDIED AIRLED MADDIED	8. DATE OF BIRTH 19. AGE (In years III tinde 1 Ye II tinde 24 Her
WIDOWED DIVORCED	12-24-80 lost birthdoy Months Days Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stale or loreign country) 12. CITIZEN OF WHAT COUNTRY?
HOUSEKEEDER	Lithuania US:
13 FATHER'S NAME	14. MOTHER'S MAIDEN NAME
,	7
15. Wes Deceased Ever in U. S. Armed Forces? 16. SOCIAL (Yes, no or unknown) (If yes, give wor at dotes of service) SECURITY NO.	17. INFORMANT ADDRESS
219-30-9543	Hospital Records
18. 4 1 2 + 1 + 2 8 8 / X CAUSE OF DEAT	HAD USE TO THE BETWEEN ON THE BETWEE
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ISE Candian arrest
(This does not mean the mode of dying, e.g., (A) IMMEDIATE CAL DUE TO, OR AS	A CONSEQUENCE OF:
heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	
ANTECEDENT CAUSES (a) Cerely	ral brombins
The state of the s	A CONSEQUENCE OF:
inse to the above cause (A) stating the UNDERLYING CONDITION lest.	CVD
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING FOR TO THE DEATH BUT NOT RELATED TO THE TERMINAL	tired Hub and
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994. DATE OF OPERATION WAS PERFORMED 4-7-72 WAS PERFORMED CARCTURED	20A AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED TO THE OF THE PROPERTY OF THE PR	IN CERTIFYING CAUSES OF DEATH
U 21A ACCIDENT WAS UNDERLYING 21B PLACE OF INJURY (e.g.,	n or obout 21 C. WHERE DID (If In Boltimore City, give exact location)
OR CONTRBUTING CAUSE OF home, form, foctory, street, of pEATH (notify medical examined)	nce bidg. INJURY OCCUR?
210. TIME (Month) (Doy) (Year) (Hour) 215 INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF INJURY (APPROXI 4-3-72 While At Work Not While At Work	Datient Lell and broke her hip.
22. I certify that (W (this hospital) attended the deceased from	
that (N(we) last sow the deceased alive on 5-13	19 7 2 and that In(Try) (our) opinion death occurred an the date
and hour and from the causes stated above. (1) (We) (did) (did nat) v	
23A. SIGNATURE	238, DATE SIGNED
michael Buchners of the	Inding Med. Staff Phys. 9 3-19-72
DEGREE	23D. ADDRESS
MichAEI P. BuchNESS M. Dhouse	MERCY HOSOSTM
24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CRE	MATORY 24D. LOCATION (City, town, or county) (State)
	lemer Blair Rd Both Mid:
25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR
MAY 23 1972 200 0 7 0	Herong Frencial Home Hollans & Gilmon
VS 150-REV. 1/1/68	



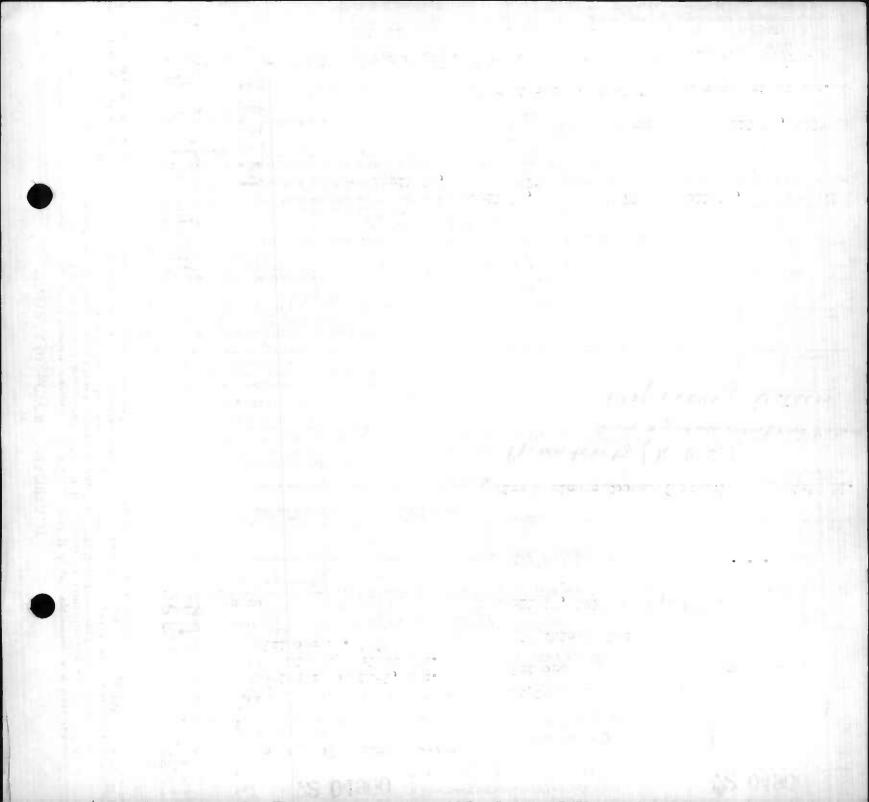
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BALTIMORE CITY HEALTH DEPARTMENT 72 04899 CERTIFICATE OF DEATH of death Deceased Such I NAME OF DECEASED 2. DATE AND HOUR OF DEATH uo (Type or Print) ARCANGELO MACCIOCCA hospital MAY 21st. 1972 2.00 A.M death. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution residence before admission) attendance B. COUNTY (4) Undetermined cause; (5) cause BALTO. Md. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS YES F NO 902 FAWN ST. BALTO contributing prior E. STREET AND NUMBER regular 902 FAWN 5. SEX 6. RACE 9. AOE (In years Il Under 1 Y. Months Doys 7. MARRIED WARRIED Il Undor 24 His. deceased WIDOWED DIVORCED 10A. USUAC OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? isposition = done during most of working life, even if retired) 0 REST. OWNER. U.S.A. FOOD. TTALY Was 13. FATHER'S NAME he 14. MOTHER'S MAIDEN NAME SISTO MACCIOCCA **JENNIE** death 0 T 15. Was Decoased Ever in U. S. Armod Forces? 17. INFORMANT 6. SOCIAL final the (Yes, no or unknown) (II yos, give wor or dotes of service) 216-32-5195A. MRS. EMMA MACCIOCCA 902 FAWN ST. attendance any pronounced 18. CAUSE OF DEATH 9 APPROXIMATE INTERVAL Hyperturn cardio - Versales during BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed fracture of LEADING TO DEATH (A) IMMEDIATE CAUSE 1This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heort failure, asthenia, etc. It means the disease, regular injury or complication which caused death.) ANTECEDENT CAUSES who (B)______DUE TO, OR AS A CONSEQUENCE OF: are 4 DISEASES OR CONDITIONS, il any, giving rise to the above cause (A) stating the physician UNDERLYING CONDITION last the remains Mas a medical any nature; (2) Body burns; CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL No physician DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? the before OR CONTRIBUTING CAUSE OF where 21B, PLACE OF INJURY (e.g., in or about 21C, WHERE DID home, farm, factory, street, office bldg., INJURY OCCUR? (If In Bolilmore City, give exect location) to the hospital MEDICAL DEATH (notily medical examined obtained (Month) (Doy) [Yeor) 9 (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY (except Not White (APPROX.) ; and 22. I certify that (1) (this heapital) attended the deceased fram. that (1) (we) last saw the deceased alive on and that in(my) (our) opinion death occurred on the date of eath) hospital and have and from the causes stated above. (1) (We) (did) (didnet) view the body after death. must An accident 23A. SIGNATURE 23 B. DATE SIGNED O Attending S Med. prior to pproval Director 8 230. PHYSICIAN'S NAME (Type) 23D. ADDRESS at 3508 BANK ST. DR. JOSEPH LIBERTO D.O.A. 24A. BURIAL CREMATION, 24B. DATE eceased 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Md BELAIR Mas 25A. DATE REC'D BY 322 S. HIGH ST



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

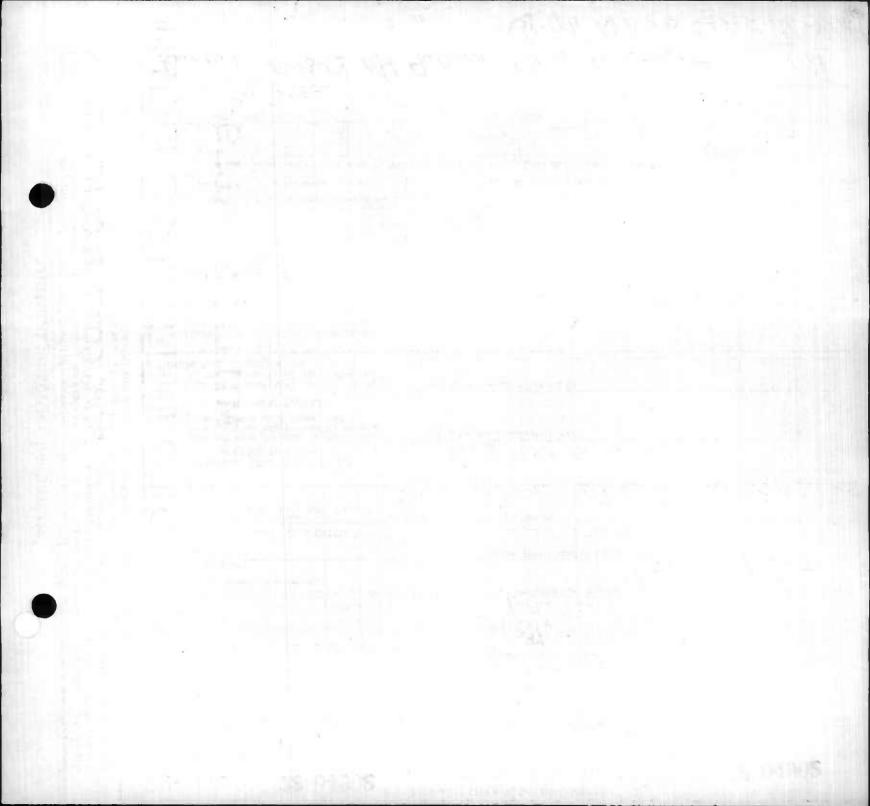
72 04	900 BALTIMORE CIT	Y HEALTH DEPARTMENT	A	0.01000 //
BIRTH NO. 72-07/7/ B	ON CERTIFICA	ATE OF DEATH	REG. NO.	4/28/72
(Type or Print)	J (Sever. Hyd	lia V all	LEONE 15	
3. PLACE IN BALTIMORE, MARYLAND, WHERE P.	11 1	4. USUAL RESIDENCE IWhere	deceased fived. If institution	ion: residence before admission)
FULL NAME OF HOSPITAL OR ADDRESS OR LOCATION Provident Hospital Or Provident Hospital Or H		Maryland c, CITY OR TOWN	D. INSIDE C	1703 EITY LIMITS?
2600 Liberty H		Baltimore E. STREET AND NUMBER	YES	NO D
Baltimore Md.		1120 Shields Pl	200	
5. SEX 6. RACE 7. MAI	RRIED NEVER MARRIED	8. DATE OF BIRTH	AGE (In years I If	Under 1 Yr., If Under 24 Hrs.
TI COLO	WED DIVORCED	April 28, 1972	1-13/60 1883	nths Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KINdone during most of working life, even if refired)	ID OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or foreig	n country) 12.	CITIZEN OF WHAT COUNTRY?
		Maryland		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	
15. Was Deceased Ever in U. S. Anned Forces?				
(Yes, no or unknown) (If yes, give war or dates of ser	vice) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
		Miss Adrienne C	ooper (Mother)	
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEAT		,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CA	USE Prema for.	B (R.D.S.	
(This does not mean the mode of dying, heart failure, osthenia, etc. It means the dis	C.C. DUE 10 CO AC		ver ty oline	membrane black
Injury or complication which caused death.)	•		are a Loome	
ANTECEDENT CAUSES	(8)	6	respirator	y destres
DISEASES OR CONDITIONS, if any, going to the obove couse (A) stating UNDERLYING CONDITION last.	iving DUE TO, OR AS the (C)	S A CONSEQUENCE OF		***************************************
_ 11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUT				
DISEASE OR CONDITION GIVEN IN PART 1 (A).	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208 IF YES WERE FINDS	NGS CONSIDERED
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 119B. CONDITION WAS PERFORMED		No	IN CERTIFYING CAUSES	OF DEATH?
OR CONTRIBUTING CAUSE OF	21& PLACE OF INJURY (e.g., home, form, factory, street, o	in or obout 21C. WHERE DID ffice bidg. INJURY OCCUR?	(II in Boltimore City	give exect location)
OF INJURY	21E INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
(APPROX)	While At Work Not While At Work	· 🗆		
22. I certify that (i) (this hospital) often	ded the deceased from Apr	ril 28. 19	72 to April '	28, 19 72
that (1) (we) lost sow the deceased alive	on April 28,			death occurred on the date
and hour and from the couses stated about	ve. (1) (We) (dtd) (dtd not) v			
23A. SIGNATURE			23 B.	DATE SIGNED
	DEGREE Phy		hys. A	pril 28, 1972
23C. PHYSICIAN'S NAME (Type)	•) = = =	Provident Hospit		
24A. BURIAL CREMATION. 248. DATE 22	C. NAME OF CEMETERY OF CR	EMATORY 240. LOI		wn, or county) (State)
Chemption 5-11-72	med. Ex. O	111.4	wast Bal	to. Mo.
MAY 2.3 1972	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	CEDILLO	ADDRESS
VS 150-REV. 1/1/68		STATE OF THE PARTY	_SERVICE_	BCH



111-62.	3 170 00	BALTIMORE	CITY HEALTH DEPARTMENT		170 04000 Y
BIRTH NO. 72	-00737 2 U1:	901 CERTIFI	CATE OF DEATH	REG. NO	72 04901 7
NAME OF DEC	1200		2. DATE	AND HOUR OF DEATH	Н
	Baby Of Wri	ght, Gynthia	Jan	. 12, 1972	8:25A M
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (V	These deceased lived. If	institution: rasidence before admission
FULL NAME OF	UF NOT IN HOSPITA	L OR INSTITUTION, GIVE STREET	Maryland		1513
INSTITUTION	Provident		C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
20		rty Hgts. Ave.	Baltimore		YES X NO
5/	Baltimore	-	E. STREET AND NUMBER 2500 Loyola	•	
. SEX	6. RACE	7. MARRIED NEVER MARRIED		9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
Male	Negro	WIDOWED DIVORCED	A	lost birthdoy)	Months Doys Hours Min.
OA. USUAL OCC	UPATION (Give kind of work	10B KIND OF BUSINESS OR INDU		New Born	12. CITIZEN OF WHAT COUNTRY
ione during mast af	warking life, even if retired)				THE STREET OF THE COUNTRY
3. FATHER'S NA	ME		14. MOTHER'S MAIDEN N	A M F	
S. Was Decemend	Ever in U. S. Armed Forc	os? 1 6. SOCIAL	Cynthia Wri	ght	
les, no or unknown	(If yes, give war or doles	of service SECURITY NO.	17. INFORMANT		ADDRESS
			Cynthia Wrig	ht	
18.	9.41	CAUSE OF D	DEATH		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEAS	E OR CONDITION DIR	ECTLY	(/2-	- 0	, of the second
(This door o	LEADING TO DEATH	(A) IMMEDIATE	CAUSE / KEMA	TURKTY	of nows
heart failure,	osthenio, etc. It meons	the disease.	R AS A CONSEQUENCE OF:	7	
injury or com	plication which coused	death.)			
1	ANTECEDENT CAUSES	(8)	Resony 1	2 or 18	
DISEASES C	R CONDITIONS, II a	ny, giving DUE TO, O	R AS A CONSEQUENCE OF:		
UNDERLYING	G CONDITION last	staling the (C)			
	11	(***************************************		***************************************
OTHER SIGNIE	CANT CONDITIONS CON	TRIBUTING			
▼ IDISEASE OR C	H BUT NOT RELATED TO THE ONDITION GIVEN IN PART	E TERMINAL			
	OPERATION 198 COND	ITION FOR WHICH OPERATION	20A. AUTOPST? (Yes or	No. 208 IF YES WERE	FINDINGS CONSIDERED
× 214 4 6 6 1 1 5					AUJES OF DEATHY
, JOR CONTRIBU	T WAS UNDERLTING	home, form, loctory, street	e.g., in or about 21 C. WHERE DID et, office bidg., INJURY OCCUR?	(II In Baltimo	ore City, give exoct location)
וט	medical examiner	etc.)			
OF INJURY	(Month) (Doyl (Year)			NJURY OCCUR?	
(APPROX.)		While At Work At V	While Work		
22. I certify	that TA (this hospital)	attended the deceased from		_19 72 to Jan	n. 12, 19 72
	last saw the deceased		70		
			***************************************		Inion death accurred on the dote
23A. SIGNATU	tram the causes state	d abave. (1) (We) (did) (did no	ot) view the body after death	1.	
230.31014010	e de	+1	Attending Med.		23B. DATE SIGNED
	wee he	While DEGREE	Phys. Med. Director	Staff Phys.	Upm 25,197
23C. PHTSICIA NAME (T)	(pel		23D. ADDRESS		1 1 1
	Dr. E. White		Provident Hosp	pital	
4A. BURIAL CREP	MATION, 248 DATE	24C. NAME of CEMETERT OF	CREMATORT 24D.	LOCATION (C	ily, town, ar county! (State)
CINOVALIS	1: 4/ -5:11-2	2 MIEVE	293·	II Par	-1 12/1-11
SA. DATE REC'D	BT HEALTH DEPT.	SB. NAME OF REGISTRAR	25C. FUNERAL DIRECTO	11 PNN	ST. PALTIMETER
	4000	3 47 0 0	MODTIL	DV CENTE	VOCES?
SOLV. 12	DIZ AGAR	The Ma	O IS INDIVIO	IN I SERV	CE - KUIII
	-			2	

Statistics.

	1 -02		4777	0	BALTIMORE CITY	HEALTH DEPARTMENT				
-	7-200	72 0	MUU	2	CERTIFICA	TE OF DEATH	REG. N	NO	- 11000	
	TH NO.	ASED			CERTIFICA			6	~ UIJUE	
	po or Print)	Jones,	Loc	ksey		5/16	172 90	SAM		
3.	PLACE IN BALT	MORE MARYLAND, W	HERE PRO	MOUNC	ED DEAD	4. USUAL RESIDENCE (W	here deceased liv	ed. Il institution:	residence before admissi	ion)
FU	LL NAME OF	(IF NOT IN HOSPIT	AL OF IN	OTHITIZE	A CIVE STREET	A. STATE Maryland	O I I I		1701	
H	STITUTION	ADDRESS OR LOCA	ATION)	311101101	, GIVE STREET	C. CITY OR TOWN		D. INSIDE CITY	LIMITS?	
-	53					Baltimore		YES 🛭	_	
	The Joh	ns Hopkins	Hos	nita	1	E. STREET AND NUMBER				
			1105	ртса		639 W. Fr	anklin	Street		
5.	SEX	6. RACE	7- MARR	JED N	EVER MARRIED	8. DATE OF BIRTH	9. AGE (In year	ors If Unc	der 1 Yr. If Under 24 H	
	Male	Negro	WIDOV		DIVORCED [/1/15/24		48	S Doy's Hours Man	•
dor	USUAL OCCUI	PATION (Give kind of work orking life, even if retired)	10B, KIND	OF BUS	INESS OR INDUSTRY	11. BIRTHPLACE (State of fo	oreign country)	12. CI	TIZEN OF WHAT COUNT	TRY?
	LAM						UA.		11 CA	
13.	FATHER'S NAM					14 MOTHER'S MAIDEN N	AME		1.0111	
		Spencer Jo	nes			Virginia Eve	rett			
15.	Was Deceased	ver in U. S. Armed Fore	resi	16.	SOCIAL	17. INFORMANT			ADDRESS	
(16	, no or onknown,	in yes, give war of agie	e of selve	2	SECURITY NO.	Gna 11/0/1	407	-		
-	18. /	7 1		10	CAUSE OF DEATH	MK, WHII.	ere 1	DONR-	APPROXIMATE INTERVA	SOM
	1 60 95	OR CONDITION DIS	ECTIV				0		BETWEEN ONSET AND DE	
		EADING TO DEATH				CHO Canic	Ca			
	(This does no	mean the mode of sthenia, etc. it means	dying,	9.g.,	(A) IMMEDIATE CAU	CONSEQUENCE OF:				in .
	injury or camp	lication which caused	death.)	use,						
	Al	NTECEDENT CAUSES			4.3					
	DISEASES OR	CONDITIONS, if	any, giv	ring	DUE TO, OR AS	A CONSEQUENCE OF:			************************	
В	rise to the	above cause (A) CONDITION last,	stating	the						
-		44			(c)					
NC	OTHER SIGNIFIC	ANTCONDITIONS CO	TRIBUTIN	4G					A 34.	
ATION	TO THE DEATH	BUT NOT RELATED TO THE	IE TERMIN	IAL	M					
	19A-DATE OF	PERATION 19% CONI	DITION FO	OR WHICH	H OPERATION	20 A. AUTOPSY? (Yes at I		WERE FINDING	S CONSIDERED	
ERTIFIC	0					NO	IN CERTIFYIN	IG CAUSES OF	DEATH?	
C	OR CONTRIBUT	NAS UNDERLYING		home, for	E OF INJURY (e.g., ir m, foctory, street, of	or obout 21C. WHERE DID	(If In B	Soltimore City, gi	ive exact lacation)	
ICAL		nedicol exeminer		etc.)						
MEDI	OF INJURY	Month) (Doy) (Year)	(Houd)	1-2	IRY OCCURRED	21F. HOW DID IN	HURY OCCUR?			_
~	(APPROX)			While At Work	Not White					
	22 Teertify ti	hat (1) (this hospital)	attende	d the de	seased from 4	2	1072-10	3/10	7 10 7	2
		ast saw the decease			10 9 Buy	19 7 2 and 1	that Infant (au	s) spinion de	oth accurred on the di	
				^) (d) d) (d) d ====)	ew the bady after death		ty aprillan aec	ain accorred an the a	are
	23A. SIGNATURE		/		/ (did) (did Hdi) Vi	ew the body differ death	•	228 04	TE/ SIGNED	
	1111 -	VI) (-	1	M	D. Atter	iding Med.	Shoff (V)	. 4	ומומו	
H	23C. PHYSICIAN	3 4	1 -	,	DEGREE Phys.	3D. ADRRESS	Phys. 4		111/0	
	NAME (Typ	M. 1 . [1]	1X	0.5	K.D	0	UV,	Ihr-	7.	
24.4	BURIAL CREM	ATION 124B DATE	14	HEPT	DEGREE	Holus	Llos hi) 4.42	D	
69/	SEMOVAL (Sp.		F2 240	MARAE	CEMETERY of CRE	MATORY 24D.	TOCAMON	City, town,	o county) (State)	
	Pur 1a	1 2-13-	12	11/4	Hyburn	Cem 4	Ustpo	17	NId	
25A	LANV On A	Y HEALTH DEPT.	258. NAN	3	SISTRAR	25C. FUNERAL DIRECTO		***	ADDRESS	_
	MAI 23	JIC VINDERS E	, ray	Dry - The	0,000	1 5050ph 1	7/Kux	222	24/1/Vorxx	do
VS	150-REV. 1/1/68		1							-

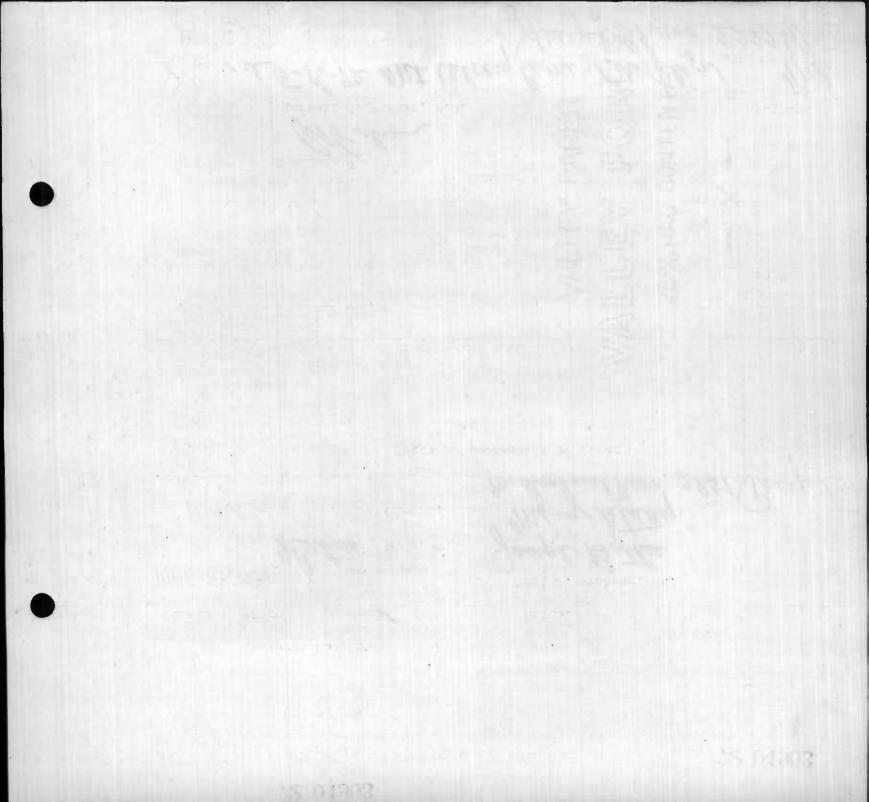


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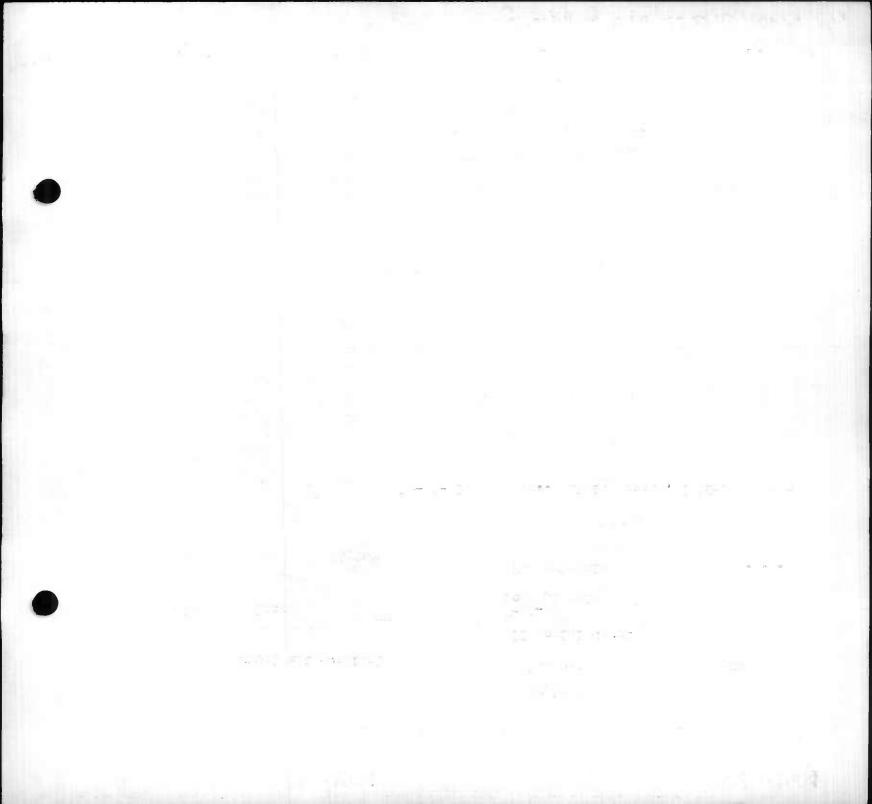
BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	FYAMINER'S	CERTIFICATE	OF DEATH

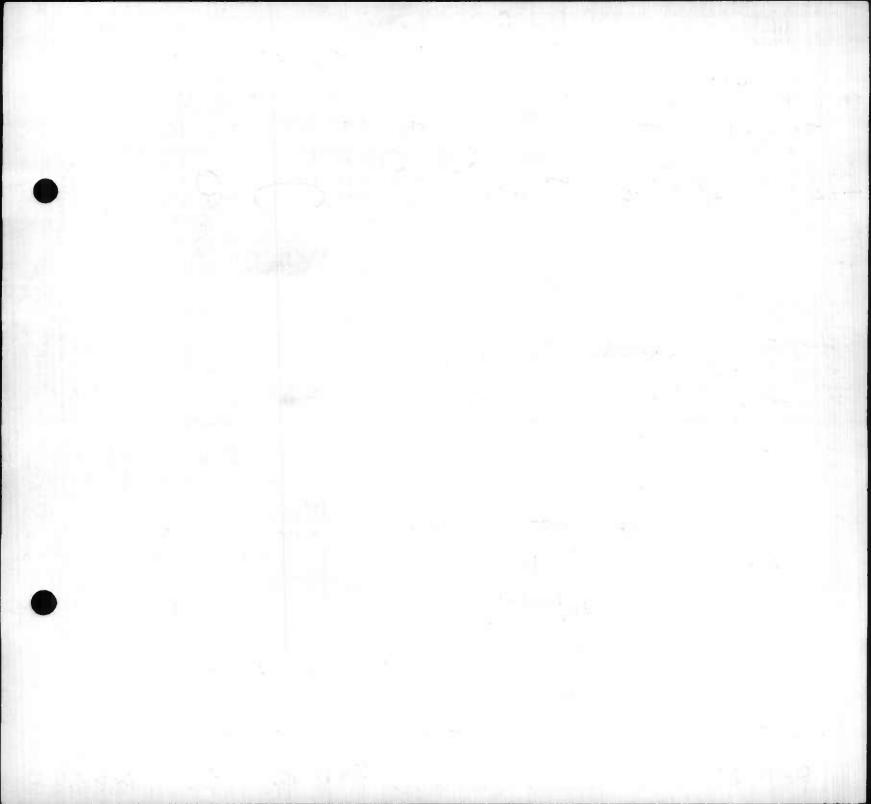
1-40	AAET	NCAL E	VALAINIED'S	CDTIEN	ATE OF	DEAT	THE STATE OF THE S	(71) 13	4003	8
BIRTH NO.	WEL	JICAL E	XAMINER'S	CKIIFI	LATE OF	DEA	REG, NO.	72 U	4300	
. NAME OF DEC	CEASED			2. DATE	Known 🗋	Month	Doy	Yeor	Hour	
ype or Print)	MAUDE 1	POWELL		OF DEATH	Estimoted	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	50,			м.
. PLACE IN BAL	TIMORE, MARYLAND,	WHERE PRON	OUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour	100.
ULL NAME OF IOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITUT	ION, GIVE STREET		INCED DEAD	5	14	1972		45рм.
46	Lutheran H	Hospital		A. STATE	SIDENCE (Where	e deceosed	B. COUNTY	n; residence b	letore admis	6
. SEX	7. RACE		NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE CI	TY LIMITS?		
female	negro	WIDOWED		Ва	lto.		Y	ES 🔀	по 🗆	
DATE OF BIRT	H 10. AGE (lost birthd	oy) Mor	Inder 1 Yr. If Under 24 Hrs. htts: Doys Hours Min.		ND NUMBER	noot				
MAR. 2	State or foreign county)	40	CITIZEN OF	13. FATHER	1 W. Pros	pect	SE.	-		- 10
T. DINTITIER C.	1/62	(3)	WHAT COUNTRY?	Jas	upl B	ithe	12)			
4A.USUAL OCCU	IPATION (Give kind of world	14B. KIND OF	BUŞINESS OR INDUSTRY	18 MOJHER	S MAIDEN NA	ME I				
one during most of	working fife, even if retired)	1 57	ore	om	1111/ L	1/11	711		74	
6. WAS DECEAS	ED EVER IN U.S. ARME	D FORCES?	117. SOCIAL	18. INFORM	ANT	riac	A	DDRESS ,)	
res, no or unknown	(If yes, give wor or dates	of service)	SECURITY NO.	m /6	manuel	Dea	n 184	57/1	back	est 5
19.	1.8		CAUSE OF DEA	TH	man former	,,,,,,	X		PROXIMATE IN	TERVAL NO DEATH
DISEAS	I SE OR CONDITION DIRI	CTIV	Fatty metam	orphosi	s of live	er		BETW	tell Olyti	NO DEATH
	LEADING TO DEATH		(A)IMMEDIATE C	1						
	not mean the made of d e, asthenia, etc. It means th			AS A CONSEQ	UENCE OF:		. 			
	mplication which coused de									
A	NTECEDENT CAUSES		(9)							
DISEASES	OR CONDITIONS, IF AN		DUE TO, OR	AS A CONSEC	UENCE OF:					
UNDERLYII	E ABOVE CAUSE (A) STA NG CONDITION LAST.	AIING IME	(c)							
<u> </u>	11		(0/							
O THE DE	NIFICANT CONDITIONS C ATH BUT NOT RELATED TO R CONDITION GIVEN IN	THE TERMINAL								
			WHICH OPERATION W	AS PERFORM	ED			21. AUTO	PSY? (Yes	or No)
ti e									es	
₹ 22A. EXTER	NAL CAUSE WAS	228.	PLACE OF INJURY(e.g.,	in or obout 2	2C. WHERE DID	(If in Boltim	ore City, give exc	1		
	OR CONTRIB-	hom	e, form, foctory, street, offic	e bldg., etc.) If	NJURY OCCUR?					
≥ 22D. TIME	(Month) (Doy) (Yes	or) (Hour)	22E.INJURY OCCURRED	2	2F. HOW DID IN	JURY OCC	UR?	-		
(APPROX.)				WHILE O						
23.		m.	WORK AI W	OKK						
1 cert	tify that I held an	Inquiry 🗌		tapsy 🔀			, death in my			
resul	ted fram: Natural co	uses X	Accident Suicid	de 🗌 Ho	micide	Undeterm	Ined manner			
	/	2.1	0		HIEF MEDICAL I	EXAMINER	k		DATE CIC	NED
SIGN AT	/1//	Will	ne M.D	ASSI	STANT MEDICAL	EXAMINER			DATE SIG	MED
EXAMIN	IED'S	11 0 -		•	CIATE MEDICAL	EXAMINER		_		
NAME (77-7		isher, M.D.			100			-15-72	
24A. BURIAL CRE	MATION, 24B DATE	1 00 2	12 - CEMETERY	or CREMATO	RY 24D.	LOCATIO	City, tow	n, or county	195	te)
1214	wal 2-1	0-12	Moll. Call	Rry 6	M. F	- NOT	Kelin		11	IN.
25A. DATE REC'D	BY HEALTH DEPT		E OF REGISTRAR	/ 25 C. F	UNERAL DIRECT	OR A	1 0 1	DDRESS	,11	1
MAY ?	23 1972	TE GOO	Ber M.D	X	welsh	JYA	1100	222	7211	long.
C 151 PEN 1/2/4	•			- 1	3 0/0		Who c		-	



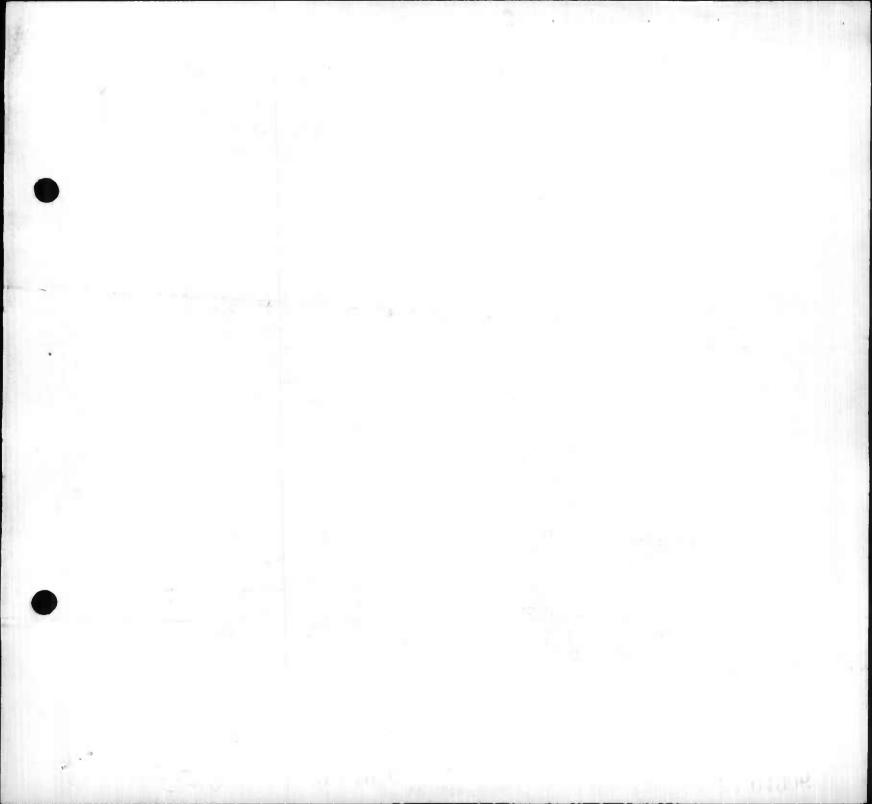
	9-650 RTH NO.	72 (4904		TE OF DEATH	REG. NO.	72 04904
(1	NAME OF DECE	REENE	- Inches	FON	M . 2. DATE A	MO HOUR OF DEATH	3.35A.
3.	PLACE IN BALTI	MORE MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Who	ere deceased lived. If in	stitution: residence before admission)
H	ULL NAME OF OSPITAL OR ISTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET	Maryland c. CITY OR TOWN	JA-TO	DE CITY LIMITS?
	29	Provident H	lospital		Baltimore		YES NO
	0/				33 Gemini Con	and the	
5.		RACE	7. MARRIED	X NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr If Under 24 Hrs.
	Male	Black	WIDOWED	DIVORCED T	2-13-24 Pennsylvania	48	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
do	A. USUAL OCCUP no during most of wo	ATION (Give kind of work	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State or fore	eign countryl	12. CITIZEN OF WHAT COUNTRY?
	model	Cities	Comp	1Rollers	P ennsylvania		U.S.A.
13.	FATHER'S NAME			7,	14. MOTHER'S MAIDEN NA	ME	
	Lavena		ene		Rama L	611	
15. (Ye	s, no or unknown) (rer in U. S. Armed For I yes, give wor or date	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
L	7.00	Cow II		218-14-0399	Mrs. Melvin	Greene, (wi	fe) same
	18.20/	XI		CAUSE OF DEATH		1 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		OR CONDITION DIR	RECTLY		Cardinhost	nive tous la	VI. a
	(This does not	mean the made of thenio, etc. It means	dying, e.g.,	(A) IMMEDIATE CAU	CONSEQUENCE OF:	orrago Ja	MUN
	injury or compli	calion which caused	death.)		. 111	1,00	
		TECEDENT CAUSES		(B) 187	minal tod	akinshis	long
	DISEASES OR	CONDITIONS, it above cause (A)	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:		********************************
	UNDERLYING	CONDITION last.	aiding me	(c)			
z		- 11					
ATION	110 THE DEATH	ANT CONDITIONS CON	E TERMINAL				
	19A. DATE OF O	PERATION 198 CON	DITION FOR Y	VHICH OPERATION	20A. AUTOPSY? (Yes or No	208, IF YES, WERE F	INDINGS CONSIDERED
CERTIFIC	0	WAS PERF	ORMED			IN CERTIFYING CAU	SES OF DEATH?
CAL C	21A. ACCIDENT OR CONTRIBUTION DEATH (notify m	WAS UNDERLYING DISCORDING CAUSE OF edical examined	21 B. ham etc.)	e, larm, loctory, street, all	ar about 21C, WHERE DID injury OCCUR?	(II In Baltimore	City, give exact lacation)
MEDI	OF INJURY	Nonth) (Day) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
2	(APPROX.)		Whit	le At Not While			
	22. 1 certify th	ot (1) (this haspital)	ottended th	e deceased from	17.	19 72 10 51	19. 1972
	that (1) (we) 1a	st saw the decease	d alive an	5.18.			on death occurred on the date
	and have and fo	om the causes state	ed above. (1)) (We) (did) (did not) vi	ew the body ofter deoth.	•	
	23A. SIGNATURE	1		- 2			23B. DATE SIGNED
	22C PHYSICIAAN	Vi Jan		DEGREE Phys.	Director L	Stoff Phys.	5.19.72
	NAME (Type	7.BAP	ou RA	D DEGREE	POVIDENT	HOSPITA	
24/	BURIAL CREMA	TION, 24B, DATE	24C.NA	ME of CEMETERY OF CRES	MATORY 24D. LC	CATION (City	. town, ar county) (State)
	Burial	5-12-7		Butus Men	Park F	rbutus	Mol
254	DATE REC'D BY		25B. NAME O		25C. FUNERAL DIRECTOR	0	ADDRESS
L.	MAY 23 150-REV. 1/1/68	13/2 1600	E. Jab	W. M. C.	Horacop to	Kein 2222	ZW. North Arg



11	BALTIMORE CIT	Y HEALTH DEPARTMENT	c
	04905 CERTIFICA	ATE OF DEATH REG. NO.	72 04905
1.1	TAME OF DECEASED	2. DATE, AND, HOUR OF DEATH	
(1)	pe or Print BASY BOX VAN EEPOEL	1/2/72	1/202 A
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, if in.	stitution; residence before admission)
	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Ma NEW BORN	53000
IN	OSPITAL OR ADDRESS OR LOGATION)	C. CITY OF TOWN D. INSI	DE CITY LIMITS?
	UNIVERSITY HOSPITAL	C CIDETY AND ANALOSO	YES NO
	38	E. STREET AND NUMBER	prince kel
5.	SEX 6. RACE W 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years	of Under 1 Ye. If Under 24 Hrs. Manths, Doys Hours Min.
	WIDOWED DIVORCED	12/30/71 last birthday	Manths Doys Hours Min.
10/	USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fareign country)	12. CITIZEN OF WHAT COUNTRY?
	stating mas at walling ma, even a tempory	1 kg	USA
13,	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	ROBERT VAN EEPOEL	LOIS CAUGHM	AN
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s,no ar unknown! (If yes, give wor ar dates of sorvice) SECURITY NO.	17. INFORMANT	ADDRESS
	18.7 4 691 CAUSE OF DEAT	Н	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH CARD	10-PULMONARY ARRES	
	This does not mean the made of dving, e.g., (A) IMMEDIATE CA	USE A CONSEQUENCE OF:	Smin
	heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	A CONSEQUENCE OF:	
	ANTECEDENT CAUSES BLATE	ERAL PNEUMOTHORAX.	2 days
		ERAL PNEUMOTHORAY,	A-L
	underlying Condition last.	AUTERINE OCOUNNA	HEART DISEASE.
	11	ASPIRATION1	2 2 2 2 2 5
NO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	SPICOTION,	
CAT	DISEASE OR CONDITION GIVEN IN PART 1 (A).		***************************************
CERTIFICATION	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A-AUTOPSY? (Yes or No.) 20B. IF YES, WERE F	INDINOS CONSIDERED ISES OF DEATH?
CE	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	in ar about 21 C. WHERE DID (If In Baltimore	City, give exact focation)
CAL	OR CONTRIBUTING CAUSE OF home, form, fociary, street, a	ffice bldg., INJURY OCCUR?	
EDI	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?	
Z	(APPROX.) White At Not White At Work		
	22. I certify that (I) (this hospital) attended the deceased from		12 10 7 2
	that (I) (we) last saw the deceased office on 1/2		lan death occurred on the date
	and hour and from the causes stated abave. (1) (We) (did) (Aid not)		
	23A. SIGNATURE		23 B. DATE SIGNED
	M. Jeholulman M. DEGREE Phy	anding Med. Shaff Phys.	5/10/72
		23D. ADDRESS	-a. parto un
	M. SCHOENEMAN MD DEGREE	UNIVERSITY MOSP	THE BACIO, MI
24/	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRI	EMATRIA TUM RELEASED OF ICA	Anni de doublight (State)
C	174 DISPOSAL5-17-72	HALVEDCITY MEDICAL	CCHAOL
254	DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR	WODTILDE CONTRACTOR	ADDRESS
VS	150-REV. 1/1/68	WURSUAKY SERVIC	E _ BCHD

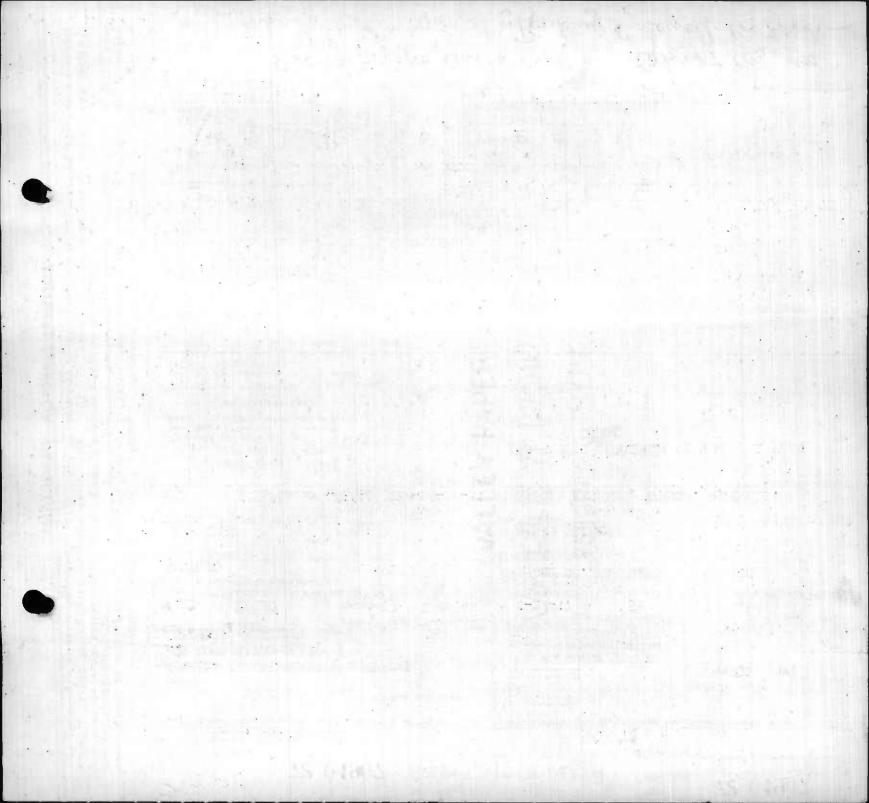


	Pe or Print)	4		ATE OF DEATI	AND HOUR OF DEA	TH	
Ľ	PLACE IN BALTIMO	DSEPHIN	# Sophi	elEDER.		5.19.7	2. 18.4	81
					A. STATE & C	Where deceased lived. DUNTY	If institution; residence before	e odmi
HO	ILL NAME OF COSPITAL OR STITUTION	IF NOT IN HOSPIT ADDRESS OR LOC.	TAL OR INSTIT	UTION, GIVE STREET	C. CITY OR TOWN		60	/
"		L. Dec			CI		YES NO	7
Analogo		work w	re 4 f	Hospital.	E. STREET AND NUMBE	R	TO TO	
5. 5	3 77				129	M. DE	CKER AVE	
	F	W	WIDOWED	NEVER MARRIED DIVORCED	4. 2XX.27190	9. AGE (in years last birthday)	Months Days Hour	Index 2
don	. USUAL OCCUPATION during most of working	ON (Give kind of world)	IOB KIND OF	BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stota at	foreign country)	12. CITIZEN OF WHA	T COL
	Housene				Mo		4.5	.69
13.	FATHER'S NAME	G	^		14. MOTHER'S MAIDEN	NAME Beczwa	NZ	
16	Joi		1 en	evt.	ANNA	XXXXXXXX	AXXXXXXXX.	
Yes	Was Deceased Ever is, no or unknown) (If ye	s, give wer or dete	rces? os al service)	SECURITY NO.	17. INFORMANT		ADDRESS	
_	No -			hie.	40	spital c	hart.	
П	18. 4 / 0 /	[CAUSE OF DEA	TH	/	APPROXIMAT	
		CONDITION DI	RECTLY		Rout	ha		
	(This does not me heart failure, asther	on the mode of	dying, e.g.,	(A) IMMEDIATE CA	A CONSEQUENCE OF:	Myocar	dual 1d	ai
	injury or complicati	an which caused	death)			, v	101	
			dedin.		9	moretion	N	
	ANTEC	EDENT CAUSES		(B)A	SCVA	moretion	N doma	5+2
	DISEASES OR CO	CEDENT CAUSES ONDITIONS, if	any, piving	(B) DUE TO, OR AS	S A CONSEQUENCE OF:	mforretion	~ long	72
	ANTEC	CEDENT CAUSES ONDITIONS, if	any, piving	(B) DUE TO, OR AS	S C V A	mforction	~ Kong	St.
NC	ANTEC DISEASES OR CC rise to the abo UNDERLYING CON OTHER SIGNIFICANT	CEDENT CAUSES ONDITIONS, if ove cause (A) NDITION last.	any, giving staling the		S A CONSEQUENCE OF:	mfarction	Long	20
ATION	ANTEC DISEASES OR CO rise to the abo UNDERLYING CON OTHER SIGNIFICANT TO THE DEATH BUT DISEASE OR CONDITI	CEDENT CAUSES ONDITIONS, if eve cause (A) NDITION last. 11 CONDITIONS COI NOT RELATED TO THE	any, giving stating the NTRIBUTING HE TERMINAL	(c)	S C V A	mforction	Long	St.
TIFICATION	ANTEC DISEASES OR CC rise to the abo UNDERLYING CON OTHER SIGNIFICANT	CEDENT CAUSES ONDITIONS, if eve cause (A) NDITION last. 11 CONDITIONS COI NOT RELATED TO THE	any, giving stating the NTRIBUTING HE TERMINAL TO [A].	(c)	S A CONSEQUENCE OF:	No) 208, IF YES, WEI	RE FINDINGS CONSIDERED	50
CERTIFICATI	ANTEC DISEASES OR CO rise la the abo UNDERLYING CON OTHER SIGNIFICANT TO THE DEATH BUT DISEASE OR CONDITI 19A-DATE OF OPER 21A- ACCIDENT WA	CEDENT CAUSES ONDITIONS, if ever cause (A) NDITION last. 11 CONDITIONS COINTRELATED TO THE CONTRIBUTION IN PARTITION 198. CONTRIBUTION IN PARTITION 198. CONTRIBUTION IN PARTITION 198. CONTRIBUTION IN PARTITION 198. CONTRIBUTION IN PARTITION 198. CONTRIBUTION IN PARTITION 198. CONTRIBUTION IN PARTITION 198. CONTRIBUTION IN PARTITION 198. CONTRIBUTION IN PARTITION 198. CONTRIBUTION IN PARTITION 198. CONTRIBUTION IN PARTITION 198. CONTRIBUTION IN PARTITION 198. CONTRIBUTION IN PARTITION IN PARTIT	any, giving stating the stating the NTRIBUTING HE TERMINAL T 1 (A). DITION FOR WE FORMED	(C)	20A. AUTOPSY? (Yes or		RE FINDINGS CONSIDERED CAUSES OF DEATH?	
-	ANTEC DISEASES OR CO rise to the abo UNDERLYING CON OTHER SIGNIFICANT TO THE DEATH BUT DISEASE OR CONDITI	CEDENT CAUSES ONDITIONS, if the cause (A) of the cause (A) of the cause (A) of the cause (A) of the cause of	any, giving stating the stating the NTRIBUTING HE TERMINAL T 1 (A). DITION FOR WE FORMED	(C)			RE FINDINGS CONSIDERED CAUSES OF DEATH?	
CAL	DISEASES OR CO	CEDENT CAUSES ONDITIONS, if the cause (A) of the cause (A) of the cause (A) of the cause (A) of the cause of	any, giving stating the NTRIBUTING HE TERMINAL T 1 (A). DITION FOR WE FORMED	VHICH OPERATION PLACE OF INJURY (e.g., garm, factory, street, c	in or obout 21 C. WHERE DIE) (If In Baltic		
MEDICAL	DISEASES OR CO	CEDENT CAUSES ONDITIONS, if ve cause (A) NDITION last. 11 CONDITIONS COI NOT RELATED TO THOO GIVEN IN PAR ATION 198 CON WAS PERF	any, giving stating the NTRIBUTING HE TERMINAL T 1 (A). DITION FOR WE FORMED	C)	in or obout 21 C. WHERE DID			
MEDICAL	ANTEC DISEASES OR CO rise la the abo UNDERLYING CON OTHER SIGNIFICANT TO THE DEATH BUT DISEASE OR CONDITI 19A. DATE OF OPERA OR CONTRIBUTING DEATH (natify medical 21D. TIME OF INJURY (APPROX.)	CEDENT CAUSES CONDITIONS, if over cause (A) NDITION last. II CONDITIONS COINT RELATED TO THE CAUSE OF CAUSE O	any, giving stating the NTRIBUTING HE TERMINAL T 1 (A). DITION FOR WE FORMED	PLACE OF INJURY (e.g., farm, factory, street, o	in or obout 21 C. WHERE DID	(If In Bollin	nare City, give exact location	n)
MEDICAL	ANTEC DISEASES OR CO rise la lhe abo UNDERLYING CON OTHER SIGNIFICANT TO THE DEATH BUT DISEASE OR CONDITI 197A-DATE OF OPER. 21A-ACCIDENT WA OR CONTRIBUTING DEATH (natify medical 21D-TIME (Manto OF INJURY (APPROX.) 22. I certify that (CEDENT CAUSES ONDITIONS, if ve cause (A) NDITION last. 1	any, giving stating the NTRIBUTING HE TERMINAL T 1 (A). DITION FOR WE FORMED 1 21 & hammetc. Whit Work	CC)	in or about 21 C. WHERE DID ffice bldg. INJURY OCCUR	injury occur?	nare City, give exact location	19 7
MEDICAL	DISEASES OR COMISE IN THE ADOUNT OF THE DEATH BUT DISEASE OR CONDITION OF CONTRIBUTING DEATH (natify medical property) (APPROX.) ANTECONIC DEATH ADDITION OF CONTRIBUTING DEATH (natify medical property) (APPROX.)	DIDITIONS, if the cause (A) NDITION last. II CONDITIONS COINT NOT RELATED TO THE CONDITIONS COINT NOT RELATED TO THE CONDITION GIVEN IN PARATION 198. CON WAS PERFORM CONDITION (Year) LAUSE OF CONDITION (Year) I) (this hospital saw the decease	any, giving stating the Stating the NTRIBUTING HE TERMINAL T 1 (A). DITION FOR WOOD TO WOOD T	VHICH OPERATION PLACE OF INJURY (e.g., e., farm, factory, street, o., farm, f	20A. AUTOPSY? (Yes of in or obout 21C. WHERE DID fifice. bldg., INJURY OCCUR 21F. HOW DID 5 / 9.	injury occur?	nare City, give exact location	19_7
MEDICAL	DISEASES OR COMISE IN THE ADOUNT OF THE DEATH BUT DISEASE OR CONDITION OF CONTRIBUTING DEATH (natify medical property) (APPROX.) ANTECONIC DEATH ADDITION OF CONTRIBUTING DEATH (natify medical property) (APPROX.)	DIDITIONS, if the cause (A) NDITION last. II CONDITIONS COINT NOT RELATED TO THE CONDITIONS COINT NOT RELATED TO THE CONDITION GIVEN IN PARATION 198. CON WAS PERFORM CONDITION (Year) LAUSE OF CONDITION (Year) I) (this hospital saw the decease	any, giving stating the Stating the NTRIBUTING HE TERMINAL T 1 (A). DITION FOR WOOD TO WOOD T	VHICH OPERATION PLACE OF INJURY (e.g., e., farm, factory, street, o., farm, f	in or about 21 C. WHERE DID ffice bldg. INJURY OCCUR	injury occur?	nare City, give exact location	19 7
MEDICAL	DISEASES OR CO rise la the abo UNDERLYING CON OTHER SIGNIFICANT TO THE DEATH BUT DISEASE OR CONDITI 19A-DATE OF OPER 21A-ACCIDENT WA OR CONTRIBUTING DEATH (natify medical 21D.TIME OF INJURY (APPROX.) 22. I certify that (that (i) (we) last s and hour and from 23A. SIGNATURE	DIDITIONS, if the cause (A) NDITION last. II CONDITIONS COINT NOT RELATED TO THE CONDITIONS COINT NOT RELATED TO THE CONDITION GIVEN IN PARATION 198. CON WAS PERFORM CONDITION (Year) LAUSE OF CONDITION (Year) I) (this hospital saw the decease	any, giving stating the Stating the NTRIBUTING HE TERMINAL T 1 (A). DITION FOR WOOD TO WOOD T	VHICH OPERATION PLACE OF INJURY (e.g., farm, factory, street, of the colory, street, of th	20A. AUTOPSY? (Yes of in or obout) 21 C. WHERE DID fine bidg., INJURY OCCUR 21 F. HOW DID 10 19 72 and wiew the body after deci	injury occur? 19 /to that in(my) (our) o	ppinion death occurred o	19.7 on the
MEDICAL	DISEASES OR CO rise la the abo UNDERLYING CON OTHER SIGNIFICANT TO THE DEATH BUT DISEASE OR CONDITI 19A-DATE OF OPER 21A-ACCIDENT WA OR CONTRIBUTING DEATH (natify medical 21D.TIME OF INJURY (APPROX.) 22. I certify that (that (1) (we) last s and hour and from 23A-SIGNATURE	CEDENT CAUSES CONDITIONS, if the cause (A) NDITION last. II CONDITIONS COINT RELATED TO THE CAUSE OF	any, giving stating the NTRIBUTING HE TERMINAL T 1 (A). DITION FOR W FORMED (How) 21E. Whit Work) attended the dalive on ed above. (I)	VHICH OPERATION PLACE OF INJURY (e.g., s, farm, factory, street, o injury occurred injury occ	20A. AUTOPSY? (Yes of in or about 21C. WHERE DID finder. bidg., INJURY OCCUR 21F. HOW DID 10	injury occur?	nore City, give exact location	19 Z
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this certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
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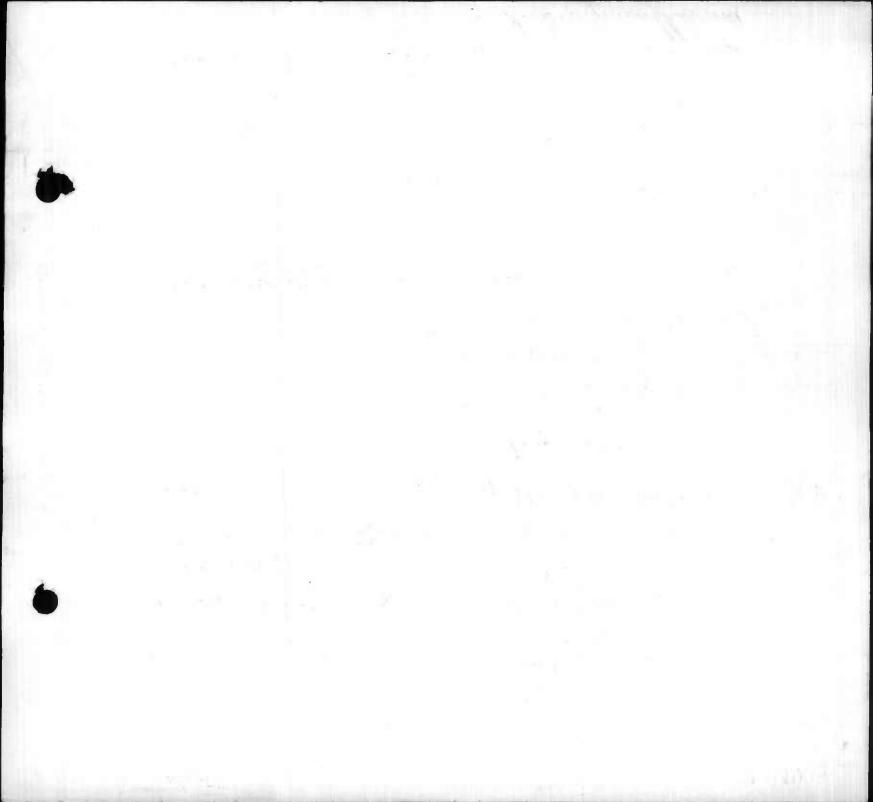
-	D			BALTIMORE CITY	HEALTH DEPARTMENT		72 04907
BIR	5-200 TH NO.	72	04907	CERTIFICA	TE OF DEATH	REG. NO	72 04307
1, N	AME OF DECE	CE, PEARL HE	NRY			ND HOUR OF DEATH	Μ.
3. 1		MORE MARYLAND, W		UNCED DEAD	4. USUAL RESIDENCE (Wh	ere deceased lived. If in	nstitution: residence before admission)
HC	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET				MARYLAND C. CITY OR TOWN		IDE CITY LIMITS?
V.	ETERANS .	ADMINISTRATI	ON HOSP	ITAL	BALTIMORE		YES XX NO
3	900 LOCH	RAVEN BLVD			E. STREET AND NUMBER		
_	ATATMORE	the second section of the second section is a second section of the second section is a second section of the second section s			2307 ELSNORE	AVENUE	
	MALE	6. RACE NEGRO	7- MARRIED WIDOWED	DIVORCED	8. DATE OF BIRTH 4-22-17	9. AGE (In years lost birthdoy) 55	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
don		PATION (Give kind of work rorking life, even if retired)	108. KIND OI	F BUSINESS OR INDUSTRY	CALVERT CO. M.		12. CITIZEN OF WHAT COUNTRY?
-	FATHER'S NAN	NE .			14. MOTHER'S MAIDEN NA	ME	
	JOE RIC				SARAH GRAHAI	T.	
(Ye:	Was Deceased (,no or unknown)	Ever in U. S. Armed For (If yes, give wor or dote	s of service)	SECURITY NO.	17. INFORMANT		ADDRESS
1	YES	5/23/42 to	4/8/44	212-16-04-31	CLINICAL RECOR	RDS, VAHOSP.	BALTO MD.
L CERTIFICATION	(This does not heart foilure, of injury or compared to the UNDERLYING OTHER SIGNIFIT TO THE DEATH DISEASE OR CO. 19.A. DATE OF 21.A. ACCIDEN OR CONTRIBU	LEADING TO DEATH al mean the made of sosthenio, etc. II means plication which coused to the course of the course	any, giving sloling lhe NTRIBUTING HE TERMINAL IT (A). DIDITION FOR FORMED	(B)	SE ANDPLASTIC CA A CONSEQUENCE OF: 20A. AUTOPSY? (Yes or Not only 121C. WHERE DID fine bidg., INJURY OCCUR?	lo) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
MEDICAL		medical exominer (Month) (Doy) (Year)	(Hour) 21 E	INJURY OCCURRED	21F. HOW DID IN	IIIIPY OCCIIP?	
ME	OF INJURY	.50,7	Wh	nite At Not While			
	22. I certify that (we)	I (haha	ed alive an	the deceased from 5/16/ (I) (We) (did) (MINION) v Arter Phys	5/14/		5/16/ 19 72, inlon death occurred on the date
244		HAFFEY, M.D.	24C. N	DEGREE AME of CEMETERY OF CRE	VA HOSPITAL BAJ		YIND City, town, or county) (Stote)
		AATION, 24B. DATE 5-20-	-/ 10		LA CRM.	- 1	, , , , , , , , , , , , , , , , , , , ,
25 A	DATE REC'D	A 4079 Q.Q.	- 00		D. Directo	E 8. 01	I Pr. Fred , und
VS	150-REV. 1/1/6	8 13/2	7	Car Mil	3 Thirkney	· sewel	1 Fr. Fred., Me



VS 150-REV. 1/1/68

1		MORE CITY HEALTH DEPARTMENT
and eath ased the Such		TIFICATE OF DEATH REG.
- 7 9 5	1. NAME OF DECEASED PEARMAN. L.	LAURA 2. DATE AND HOUR OF
a de Doit	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Whole deceosed in
a hos cause se; (5) andan	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE ADDRESS OR LOCATION)	1 4 / 4
i g g t	Church Home & Hospital	Baltimere E. STREET AND NUMBER
U.= L.	100 NV Broadwo	4 1113 Urban 1
occurre ontribut ermined regular eased p	Female White MARRIED DIEVER MA WIDOWED DIVE	DRCED 09 15 1906 lost birthdoy
or co Indete s in r dece	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR done during most of working life, êvec if retired)	INDUSTRY 11. BIRTHPLACE (State or foreign country)
P C C C C C C C C C C C C C C C C C C C	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
E O	Benjamin F. Roberts	Katherine
ista he kind dea ce ce	15. Was Deceased Her in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wer or dates of service) 16. SOCIAL SECURITY 2.12	NO. 17. INFORMANT PLAN HOKE
•• 10 71 0	7/5	OF DEATH
his of of ten	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Pagas la la
r. A ture rono ar at	(This does not make the made of duing a (A) IMM	TO, OR AS A CONSEQUENCE OF:
examine (xamine) A frac who p regulare emb	ANTECEDENT CAUSES	Dragon Clas
examines 3) A fra who in regulations	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the	TO, OR AS A CONSEQUENCE OF:
- S C C - S	UNDERLYING CONDITION last. (C)	fecal fishula
medical herical horns; horns; hysician nemains	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	Calfistula, wound de
	O ISA DATE OF OPERATION 1198 CONDITION FOR WHICH OPERATION	TION 20A. AUTOPSY? (Yos or No.) 20B. IF YES
by a n Body Body the the bhysicie	12 Kay 72 Wound dehesen a	IN CERTIFYIN
rallital No Pofe	DEATH (notify medical examiner) . home, form, factory	URY (6.0. in or obout 21 C. WHERE DID (If In I
oved by te hospita nature; cept whe nd (6) No tained be	21D.TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCI (APPROX.) While At Work	URRED 21F. HOW DID INJURY OCCUR? Not While At Work
any (exc obt	22. I certify that (1) (this hospital) attended the deceased	
0 0		1972 ond that In (my) (ou
leased to ident of hospital o death)	ond hour and from the couses stated above. (1) (We) (did) (did not) view the body ofter deoth.
3 0 .5 2	Garayana !	Attending Med. Staff Phys.
This certificate must be the body was released shows: (1) An accident was D.O.A. at a hospidecessed prior to dea written approval must	23C. PHYSICIANS NAME (TYPE) R. B.V. NI ARAYAN	Ay Church Home
oody vody vody vody vody vody vody vody	4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMET 5/2.4	DEGASTAL TO TO STORE SERVICE OF CREMATORY 24D. LOCATION
the body shows: (1) was D.O./ deceased written a	BURIAL 1/2 BALTO. 5A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR.	NATE BALT
This the show was dece	MAY 24 1972 Robert E. Jankey & A.	25C FUNERAL DIRECTOR

72 04908 DEATH at ved. If institution: residence before admission) D. INSIDE CITY LIMITS? YES 🔀 NO wou Il Under 1 Yr. Il Under 24 Hrs. Months Doys Hours Min. 12. CITIZEN OF WHAT COUNTRY? AMER 1. Walters Barren Ares APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH dian WERE FINDINGS CONSIDERED Boltimore City, give exact location) 19/2 ur) opinion death accurred on the date 238, DATE SIGNED May 72 duray (City, town, or county) (Stote) ADDRESS

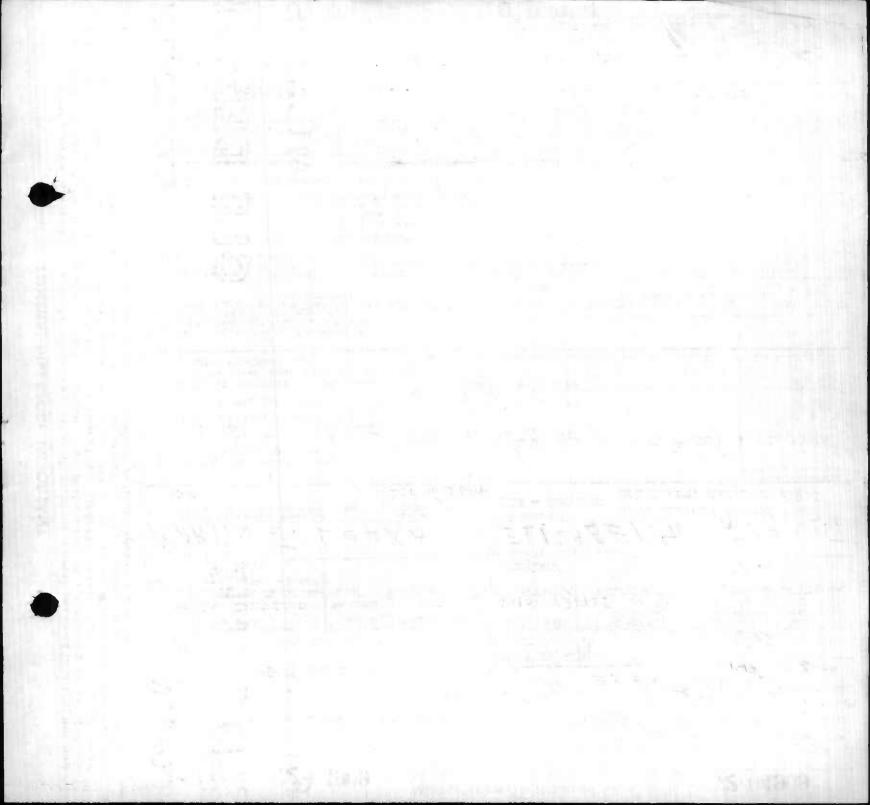


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BALTIMORE CITY HEALTH DEPARTMENT	
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REG.	NO.	 6

1	10 -66/1	ATE OF DEATH & REG. NO.	72 04909
	RTH NO.	ATE OF DEATH REG. NO.	/
	NAME OF DECEASED JUdy Barron	2. DATE AND HOUR OF DEAY	12 1155 p
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased fived, If	institution: residence before admissio
FU	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR ADDRESS OR LOCATION)	C. CITY OR LOWN STORES ID. IN	fimore 30
M	4940 Eastern Avenue	PS- Africase D. IN	YES NO [4]
	Baltimore City Hosps	E. STREET AND NUMBER	Circles
5.	SEX 6. RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In years lost birthday) MAR. 13.1925	If Under 1 Yr. If Under 24 Hi Months Doys Hours Min.
0.4	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNT
ION	ne during most of working life, even if refired)	Maryland	U/S.A
3.	MARTIN J. LEPKA	14 MOTHER'S MAIDEN NAME FINTARATH	Benno
5,	Was Decoused Ever in U. S. Armed Forces? 116, SOCIAL	17. INFORMANT	12 MANDI
Yo	stand of unknown) (1) yes, give war of dates of service) SECURITY NO.	BCH - Records 4940 Easte	ern Avenderss Maryland 21224
-	18. CAUSE OF DE		APPROXIMATE INTERVAL
ATION	rise to the above cause (A) stating the UNDERLYING CONDITION tast. (C)		***************************************
	IDISEASE OR CONDITION GIVEN IN PART 1 (A).	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERI	E FINDINGS CONSIDERED AUSES OF DEATH?
CERTIFIC		NO (if in Boltim	ore City, give exect location)
CA	DEATH (notify medical examiner)	office bldg. INJURY OCCUR?	
	21 D. TIME (Month) (Doy) (Yeer) (Hour 21 E. INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?	
	Work Al Wo	niie d	
	22. I certify that (1) (this hospital) attended the deceased from	5/19/72-19 10	5/19/19/12
	that (# (we) last saw the deceased alive an	9 19 and that In (my) op	Inlan death accurred on the do
	and hour and from the causes stated above. (1) (10) (did) (23A. SIGNATURE		238, DATE SIGNED
	County Charles	frending Med. Staff	5/20/70
	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS 4940 Eastern Avenu	ue
	Roland L. Einhorn M.D.	Baltimore City Ho	
24 /	A. BURIAL CREMATION, 248, DATE 24C. NAME OF CEMETERY OF C	REMATORY 24D. LOCATION (C	City, town, ar county) (State)
25A	A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	leemer Baltime	, , , , ,
16	100 24 1079 P. S. S. S. A. D.	Connelly Henral Mo	ADDRESS ADDRESS
15	V50-REV. 1/1/68	They turned the	ing Jour Mace In



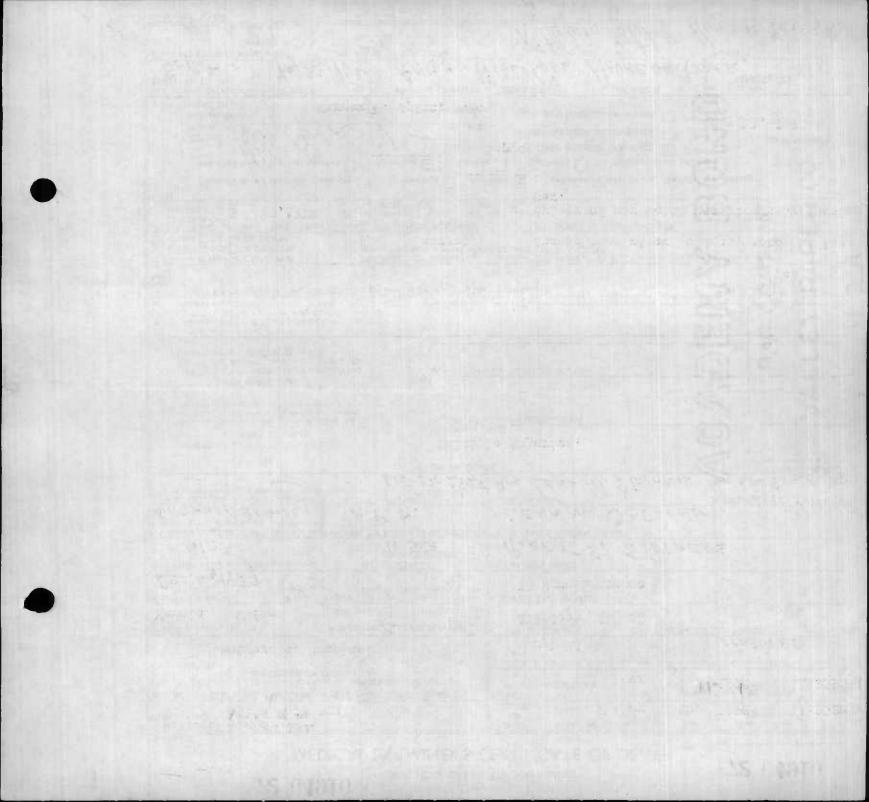
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BALTIMORE CITY HEALTH DEPARTMENT

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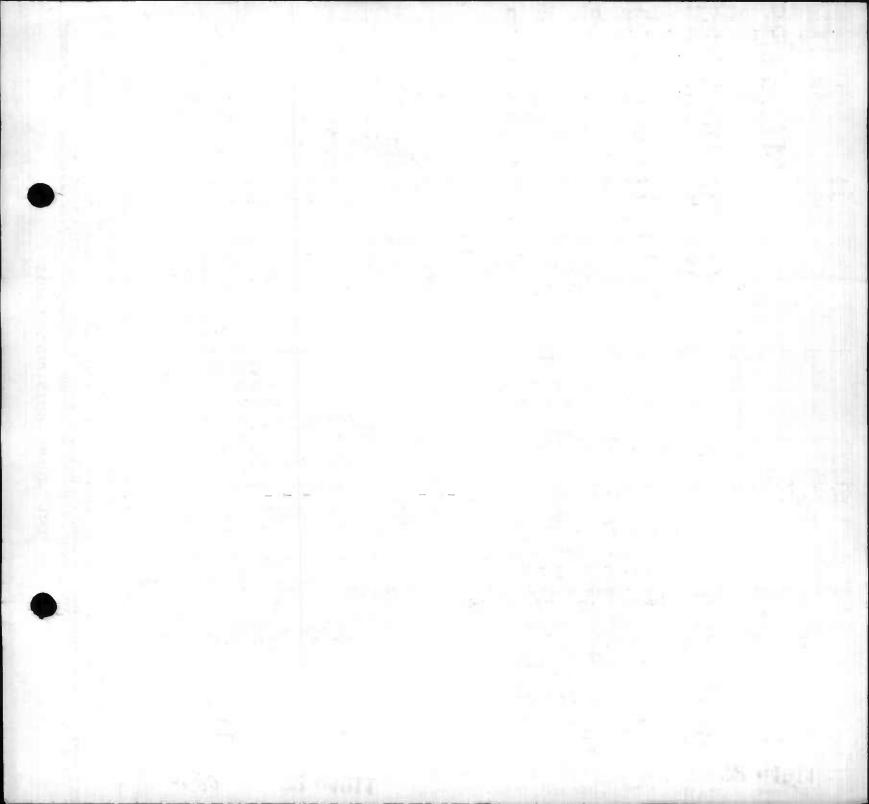
MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH,	SI
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BIRTH NO.	LUICA	LINAMIIATKO	CEKTIFF	CATE OF	DEAT	REG. NO.		
I. NAME OF DECEASED OARDA	2. DATE	Knawn 🔀	Month	Day	Year	Hnur		
Wellie Thom	OF DEATH	Estimoted	May	20,	1972	11:35 PM		
4. PLACE IN BALTIMORE, MARYLAN FULL NAME OF (IF NOT IN HO HOSPITAL ADDRESS OR L OR INSTITUTION		JNCED DEAD	Manth May		1972	11:35 PM		
University			5. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE B. COUNTY HARFORD					
6. SEX 7. RACE Female White		RIED NEVER MARRIED DIVORCED DIVORCED	C. CITY OR TOWN Aberdeen			TY LIMITS?		
DEC, 24, 1937 lost bir		if Under I Yr. If Under 24 Hrs. Manths: Days Hours Min.		Norman Av	enue			Tread
II. BIRTHPLACE (State of lareign count		WHAT COUNTRY?		ERT S,		PHEN	\$	
14A.USUAL OCCUPATION (Give kind all done during most of working life, even if reting the second seco	red)	P. G.		VA NI- L	-	5 6-H		
16. WAS DECEASED EVER IN U.S. AR (Yes, no grunknawn) (II yes, give wor or de	MED FORCE	17. SOCIAL SECURITY NO. 215-32-2828	18. INFORA			Ą	DDRESS&1	GREVELETICAL
19.		CAUSE OF DEA					API	PROXIMATE INTERVAL
DISEASE OR CONDITION D	IRECTLY	Multip	le inju	ries.				terr order and politi
LEADING TO DEATH		(A)IMMEDIATE	AUSE					
heart failure, asthenia, etc. It mean injury ar camplication which cause	s the diseose,	DUE 10, OK A	AS A CONSEQ	UENCE OF:			3	
ANTECEDENT CAUSE							45 0	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR AS A CONSEQUENCE OF:								
UNDERLYING CONDITION LAST								
II								
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATED DISEASE OF CONDITION GIVEN	TO THE TERM	UNAL					3 -	
	DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W						21. AUTOF	PSY? (Yes or No)
								yes
22A. EXTERNAL CAUSE WAS UNDERLYING BOR CONTRIB. UTING CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., In or obout 22C. WHERE DID (If In Baltimore City, give home, lorm, factory, street, office bidg., etc.) Susquehanna river brid							e; west	tbound lane
OF INJURY (APPROX.) 5 20,197	Year) (Hou 2 ?			F. HOW DID IN			a t m a 1	ha -cooine
23.		m. WORK AT W		ar.	car wii	ICII was	Struci	k by passing
I certify that I held on	Inquiry [Inspection Au	topsy 🗙	ond that on th	is basis,	death in my	opinion	
resulted from Natural	couses 🗌	Accident X Suicid				ed monner		
ACTUAL ///L	4	1	Deputy	HIEF MEDICAL E	XAMINER			DATE SIGNED
SIGNATURE	N	M.D	•	TANT MEDICAL E		□ M	ay 21,	
EXAMINER'S NAME (Type)	Werner	J. Spitz, M.D.	ASSO	CIATE MEDICAL E	XAMINER		,	
24A. BURIAL CREMATION, 24B. DAT	E	24C. NAME of CEMETERY	or CREMATO	RY 24D, 1	OCATION	(City, town	, or county)	(Stote)
BURIAL MAY:	3 1972	- ANGELA	1114	DEM. HA	VREQ	EGRAE	HAPP F	MD.
25A. DATE REC'D BY HEALTH DEPT.		IAME OF REGISTRAR	25C. E	UNERAL DIRECTO	RitA		DDRESS	
MAY 24 1912 16	Ke E C	Rolling A.D.	11.	Madison 1	Melchel	1 HAY	REDE	PRICE 16
VS 151-REV. 1/1/68	1- 1	1 7 0 0 0	O 13	001				

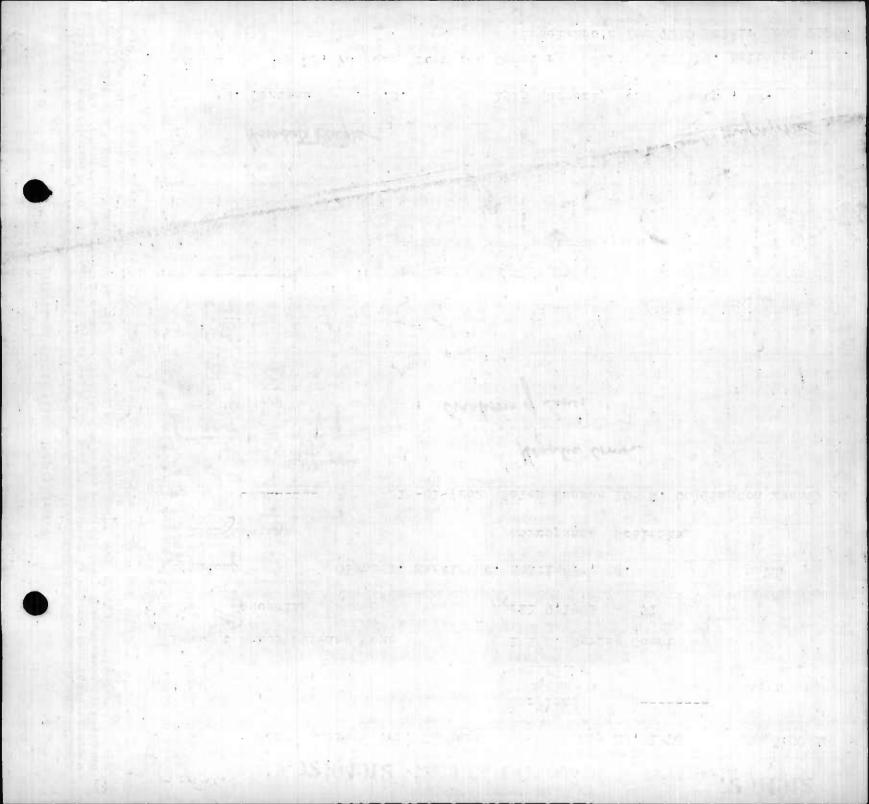


sistant if death occurred in a hospital and the direct or contributing cause of death kind; (4) Undetermined cause; (5) Deceased Such uo eath. ance O attend 0 prior was in regular is mad deceased isposition the the direct assistant if death 0 ar final attendance any pronounced embalmed fracture of regular who are (3) A physician the remains Was (2) Body burns; No physician the 8 obtained before where the body was released to the hospital accident of any nature; 9 (except and 99 hospital death) must 0 approval 8 prior at was D.O.A. shows: (1) eceased decease

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 4. USUAL RESIDENCE IWhere deceased lived, If institution; resid 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD MARYLAND C. CITY OR TOWN (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) **FULL NAME OF** HOSPITAL OR D. INSIDE CITY LIMITS BACT IMORE NO E. STREET AND NUMBER NION MEMORIAL HOSDITAL ROLAND 9. AGE (in years lost birthday) Il Under 1 Yr. il Under 24 Hrs. Months! Doys Hours Min. WIDOWED DIVORCED TO 10A USUAL OCCUPATION (Give kind of work) OB, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired) MARYLAND 11. S. A. 13. FATHER'S NAME EDWARD ACK SON TULIA 15. Was Deceased Ever le U. S. Armed Forces? (Yes, no or unknown) [III yes, give war er dotes of service) 1 & SOCIAL ADDRESS 3513 FOLLS RD SECURITY NO. No 213-03-138 MRS, ROJEMARY WARD CAUSE OF DEATH BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY RESP. FAILURE LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) METASTATIC CA OF ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the UNDERLYING CONDITION Just 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A AUTOPST? (Yes or No. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A-DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED YE YC 5 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218 PLACE OF INJURY (e.g., in or obout 21C, WHERE DID home, form, loctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) MEDICAL DEATH (notily medical examined 21 D. TIME OF INJURY (Month) (Day) (Year) (Hour) 21 E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? While At Not While (APPROX.) Work At Work 22. I certify that (1) (this hospital) attended the deceased from... 19 22 10 22 and that In(my) (aur) opinion death occurred on the date that (i) (we) last sow the deceased alive an_ and hour and fram the causes stated above. (i) (We) (dtd) (did not) view the bady after death. 23A. SIGNATURE 23 B. DATE SIGNED Attending Med. Phys. 23C. PHYSICIAN'S NAME (Type) MEMORIAL 24A. BURIAL CREMATION, REMOVAL (Specily) Burial 5/25/ Woodlawn Cemetery Baltimore. Maryland 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR A. Alan Seitz, Jr. 3818 Roland Ave. VS 150-REV. 1/1/68



11 -	,		BALTIMORE CITY	HEALIN DEPAKIMENT	4	
H-03	6 99	0491	2 CERTIFICA	TE OF DEATH	REG. NO	72 04912
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3. PLACE IN E	ALTIMORE, MARYLAND, V		4. USUAL RESIDENCE (Where deceased lived, Il institution; residence before admission			
FULL NAME (OF (IF NOT IN HOSPI)	TAL OP INSTI	TUTION, GIVE STREET	Maryland c. City or town Baltimore E. STREET AND NUMBER		
HOSPITAL OR	ADDRESS OR LOC	ATION)	TO HON, GIVE STREET			
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	nt Manor Nurs			121 S. Sprin		
S. SEX	6. RACE		INEVER MARKIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Days Hours Mir
Male	Caucasian	WIDOWED		April 9, 1901	/1	12. CITIZEN OF WHAT COUN
	of working life, even if retired)			The state of the s		
Expend		Glenn	L. Martin Co	. Baltimore, l		USA
13. FATHER'S N	NAME			14. MOTHER'S MAIDEN NA	ME	
	m Cwalina			Marczyanna	Sobieska	
5. Was Decea	sed Ever in U. S. Armod Fo	ices? es of sorvico)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No			218-01-7262	Helen Hansen	108 S. Co	llington Avenue
18,	19 1		CAUSE OF DEATH			APPROXIMATE INTERV
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

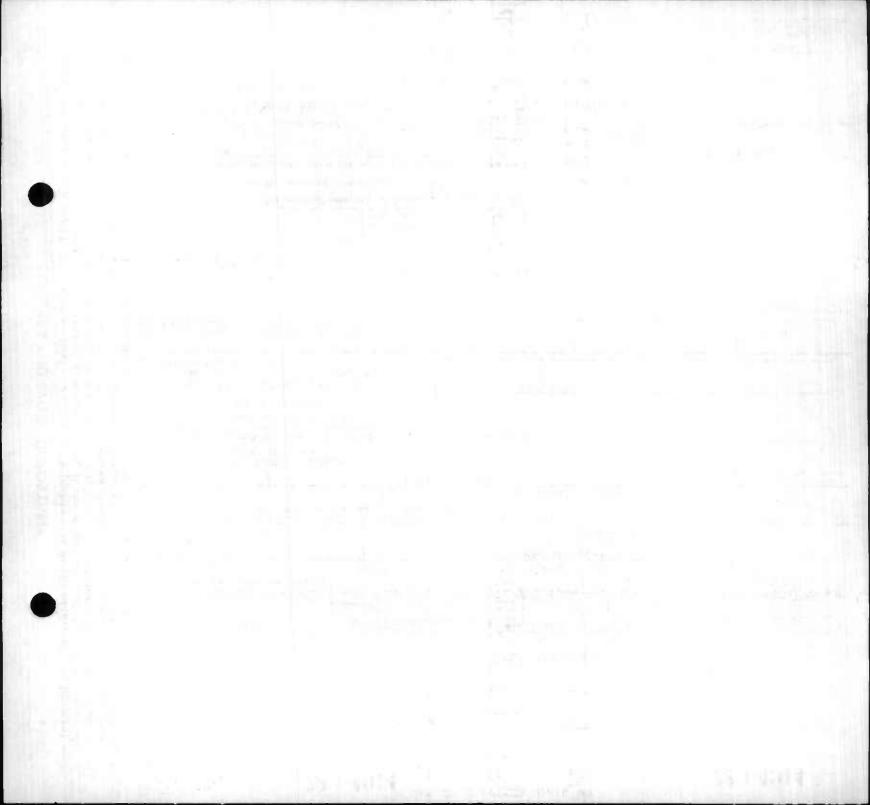
11/1/2/18	Y HEALTH DEPARTMENT 72 04913						
	TE OF DEATH REG. NO.						
(Type or Print) WASH BURN, WAYNE	2. DATE AND HOUR OF DEATH 5/20/72 /0:30 P.M.						
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution residence before admission)						
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland Baltimore C. CITY OR TOWN D. INSIDE CITY LIMITS?						
4 SINAI HOSPITAL BALTIMORE	Rodgers Forge Rd. YES NO X						
	211 Rodgers Forge Rd.						
5. SEX 6. RACE WIDOWED DIVORCED	8. DATE OF BIRTH 7-13-1903 9. AGE (in years If Under 1 Yr. If Under 24 Hrs. Months: Days Hours Min. Min.						
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) Retired Farmer	11. BIRTHPLACE (Stote or foreign country) Pa. Usa						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
Elmer S. Washburn	Julia Crouch						
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service) SECURITY NO.	17. INFORMANT ADDRESS						
security No. 185 = 30=0001	Doris Claar 211 Rodgers Forge Rd.						
	PAL HEMORR HAGE						
	A CONSEQUENCE OF:						
ANTECEDENT CAUSES CHRONIC LYMPHOCYTIC LEUKEMIA							
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OTHER SIGNIFICANI CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DIABETE DIABE	***************************************						
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E (APPROX.) While At Not While At Work							
22. I certify that (1) (this hospital) attended the deceased fram	4/18 19 72 to 5/20 19 72						
that \$\psi(we) last saw the deceased alive an \(\sigma \sqrt{20}\)	19 72 and that in (arr) (aur) apinian death accurred an the date						
and haur and from the causes stated above. (1) (We) (did) (did not) vi	ew the body after death.						
Action in A. Attender	iding Med. Shiff Shiff						
23C. PHYSICIAN'S NAME (Type) A. C. DWAMCO M. P.	SIMAL HOSP BALTIMORE						
24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CREATERY	MATORY 24D. LOCATION (City, lown, or county) (Stote)						
Burial 5-24-72 Laurel Hill Cemete							

NAME OF REGISTRAR Moward Rise Habbard Funeral Home APACESS (4167 Wilkens Ave. Baltimore, Maryland 21229 MAY 24 VS 150-REV. 1/1/68 1972

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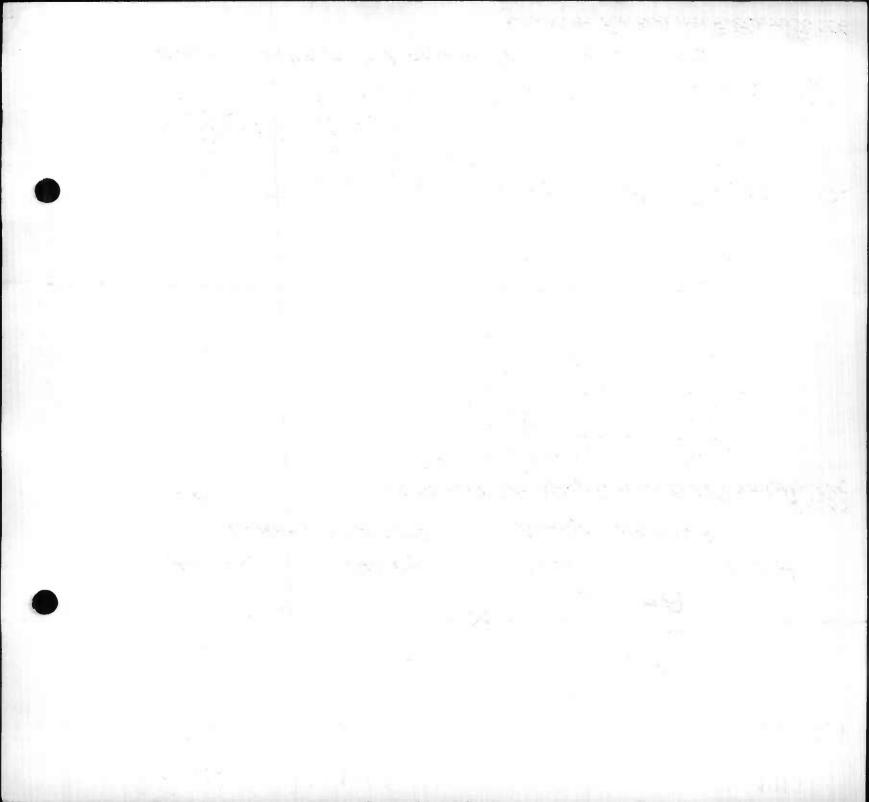
rect or contributing cause of death (4) Undetermined cause; (5) Deceased death. attendance 10 prior isposition is made. in regular deceased death WOS the direct death 00 T or final attendance fracture of any pronounced embaimed regular who (3) A the remains are 2 physician (6) No physician was a medical any nature; (2) Body burns; the obtained before where the body was released to the hospital approved (except pup leath); of hospital must shows: (1) An accident T 0 approval 8 prior to D.O.A. beceased 50

72 04914 CERTIFICATE OF DEATH BALTIMORE CITY HEALTH DEPARTMENT REG. NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 2 4. USUAL RESIDENCE (Where deceaped lived If institution: residence before admission)
A. STATE
B. COUNTY 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION! C. CITY OR TOWN D. INSIDE CITY LIMITS? DARYLAND GENERAL HOSPT. YES NO E. STREET AND NUMBER 9. AGE (In years 5. SEX If Under 1 Ya Hours Min. 6. RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED WIDOWED 10A, USUAL OCCUPATION Give kind of workings, KIND OF BUSINESS OR INDUSTRY IT BERTHPLAGE (State of foreign country) 12 CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) laborer Steel Maryland U.S.A. 13. FATHER'S NAME 4 MOTHER'S MAIDEN NAME William Enev Margaret Stiffler 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (III yes, give war or dates of service) 17. INFORMANT 6 SOCIAL SECULITY NO. no 213-07-6222 Mrs. Viola Eney, 1800 Tolson Ave. 21222 CAUSE OF DEATH BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, If any, giving DUE TO, OR AS A CONSEQUENCE OF rise to the above cause (A) stating the UNDERLYING CONDITION lest CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A-DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 21 A. A CODENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218 PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, farm, factory, street, effice bldg., INJURY OCCUR? (if in Boltimore City, give sxoct location) MEDICAL DEATH inotify medical examined 21D. TIME (Houd (Month) (Day) (Year) 21 & INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While While At (APPROX) Work At Work 22. I certify that (I) (this hospital) attended the deceased from that (i) (we) last saw the deceased olive on_ and that in (my) (our) opinion death occurred on the dote and hour and from the couses stated above. (i) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23B DATE SIGNED Attending [Med. Director Stoff Phys. Phys. 23 C. PHYSICIAN'S 23D. ADDRESS NAME Type Michael Faulkner, MD Md. Gen. Hosp. 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) burial 24 May Wiseburg Cemetery White Hall. 258, NAME OF REGISTRAR 25A. DATE REC'D RY HEALTH DEPT. 25C. FUNERAL DIRECTOR ADDRESS Ullrich Funeral Home, Dundalk, Md. 21222 VS 150-REV. 1/1/68



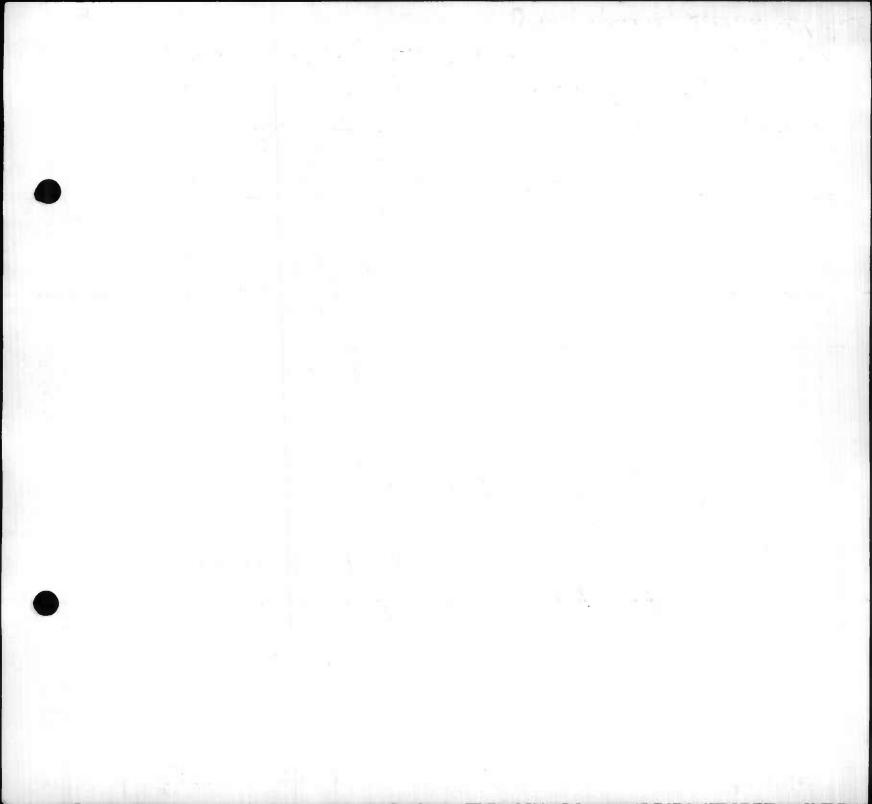
	death occurred in a hospital and	or contributing cause of death	Undetermined cause; (5) Deceased	as in regular attendance on the	e deceased prior to death. Such	sition is made.
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	hows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	ritten approval must be obtained before the remains are embalmed or final dispos

16-11-1 (6 114415	Y HEALTH DEPARTMENT 72 04915
CERTIFICA	ATE OF DEATH REG. NO.
T. NAME OF DECEASED (Type of Inn) FI FN ES POS 170	2. DATE AND HOUR OF DEATH 5/12/72 1/112-24
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence below odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OF SOWN D. INSIDE CITY LIMITS?
8060ULD CONVINESARIUM	E. STREET AND NUMBER 3531 14 000 0 P (A) 1 4 5 3 123 1
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In yeors If Under 1 Yr., If Undor 24 His.
WIDOWED DIVORCED	10/13/93 lost bithdays Months Days Hours Min.
IOA, USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINESS OR INDUSTRY	0
PACKER CANDY	MD. 0.5.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
MICHAEL ESPOSITO	MARY TRAUTHER
15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yos, give wor or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS 21734
NO 216-01-8743	MRS. MARY, GETZ 553 I WOODRING AVE
CAUSE OF DEAT	APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	of wint the - 19 miles
(A) IMMEDIATE CAI (This does not meon the made al dying, e.g., heart foilure, osthenia, etc. II meons the disease,	CONSTIGUENCE OF CHENNESSEE
injury or complication which coused death.)	relly 1
ANTECEDENT CAUSES	DA HOW- Ch falling
DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS	A CONSEQUENCE OF:
UNDERLYING CONDITION lost. (C)	f armount
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 121B. PLACE OF INJURY (a.g.)	
DISEASE OR CONDITION GIVEN IN PART 1 (A). 194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	2008 44
WAS PERFORMED WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., or of the contribution of t	in or about 21C. WHERE DID (If In Baltimore City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) While At Work At Work	
22. I certify that (1) (this hospital) attended the deceased from	19 (9 to May 2) 19 72
that (1) (we) lost saw the deceased office on May	19 2 and that in (my) (set) opinion death occurred on the date
ond hour and from the couses stoted above. (1) (16) (did) (did not)	
73A. SIGNATURE	23B. DAYE SIGNED
Phy	Inding Med. Staff
PAME (Type)	23D. ADDRESS
CAA COLLINGE NO DEGREE	SOOT EVERGITEN FOR BASTO MIST
REMOVAL (Specily)	MATORY 24D. LOCATION (City, town, or county) (Stoio)
BURIAL BEMAY/2 ST. MATTHEWS	
MAY 24 1972 July 25 NAME OF REGULAR	JOSEPH FON DEAL HOME BAZTO 21206
VS 150-REV. 1/1/68	Transformer in the service of the se



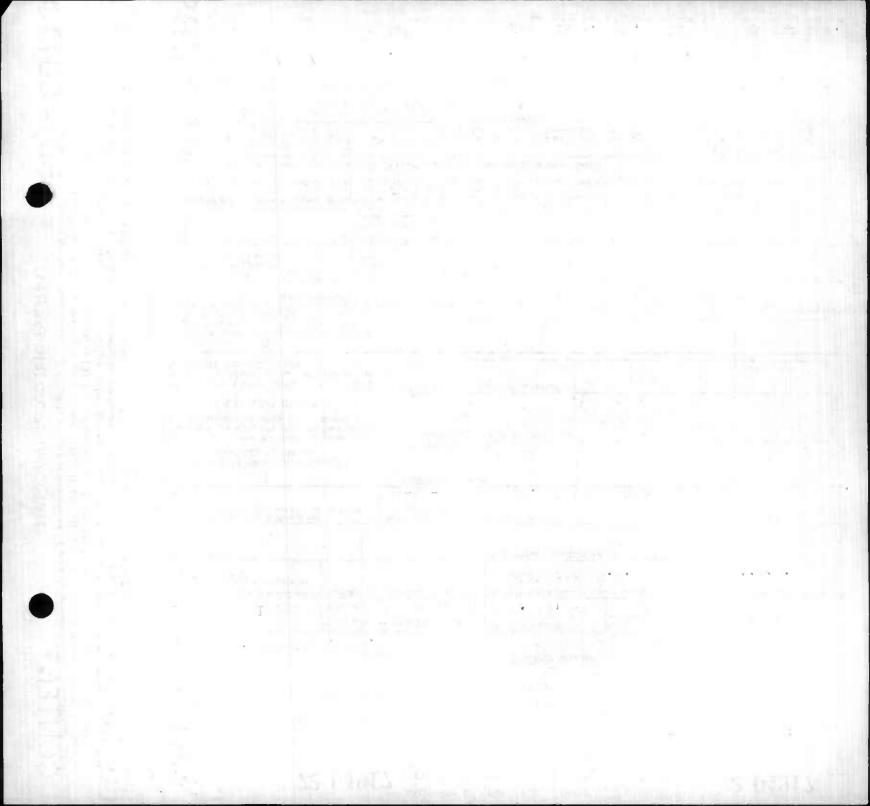
of death Deceased ce on the Such hospital death. ance (2) cause cause; attend 0 0 prior contributing occurred (4) Undetermined made. 9 regul deceased death disposition = 10 SD the direct assistant eath 0 kind final attendance ŏ any pronounced or embalmed of fracture examiner gular who 9 are 4 3 2 physician chief medical mains Was **burns**: physician the Body the 0 3 befor where to the hospital °Z any nature; brained 9 approved (except and 0 pe of hospital eath) the body was released must An accident O 10 approval 8 prior t D 3 eceased 0.0 shows: Was

BALTIMORE CITY HEALTH DEPARTMENT 72 04916 72 04916 CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 01 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admissions A. STATE B., COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION! 13 C. CITY OR TOWN D. INSIDE CITY LIMITS? Levena NO X YES -E. STREET AND NUMBER 5. SEX 6. RACE 8. DATE OF BIRTH 9. AGE (In years If Under 24 Hrs. Hours i Min. MARRIED NEVER MARRIED If Under 1 Ya Hours WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stof 12. CITIZEN OF WHAT COUNTRY? sing most of working life, even if relired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL 17. INFORMAN' ADDRESS (Yes, no or unknown) (If yes, give wer or dates of service) SECURITY NO. 20 CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE CAUSE (This does not mean the mode at dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease, injury or complication which caused doath.) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, il any, giving rise to the above couse (A) stoting the UNDERLYING CONDITION lost 11 CATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED CERTIFI WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? ancur 21 A ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF AB. PLACE OF INJURY (e.g., in or obout 27C. WHERE DID home, form, foctory, street, affice bldg., INJURY OCCUR? (If In Boltimore City, give exoct location) MEDICAL DEATH Inotify medical examined 21 D. TIME OF INJURY (Month) (Doy! (Year) (Hour) 21 E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? Not While While At (APPROX.) Work At Work 22. I certify that (1) (this haspital) attended the deceased from 5-20 20 that (f) (we) last saw the deceased alive an and that in (my) (aur) opinion death accurred on the date and haur and from the causes stated abave. (4) (We) (did) (did not) view the bady after death. 23A. SIGNATURE 23 & DATE SIGNED Attending [Phys. Director DEGREE 23C. PHYSICIAN'S NAME (Type) 23 D. ADDRESS E E DEGREE 24A. BURIAL CREMATION, 248. DATE CEMETERY of CREMATOR AU CATION MOVAL (Spegly) Willy lown, or county (Stote 258 NAME OF REGISTRAR UNERAL DIRECTO VS 150-REV. 1/1/68



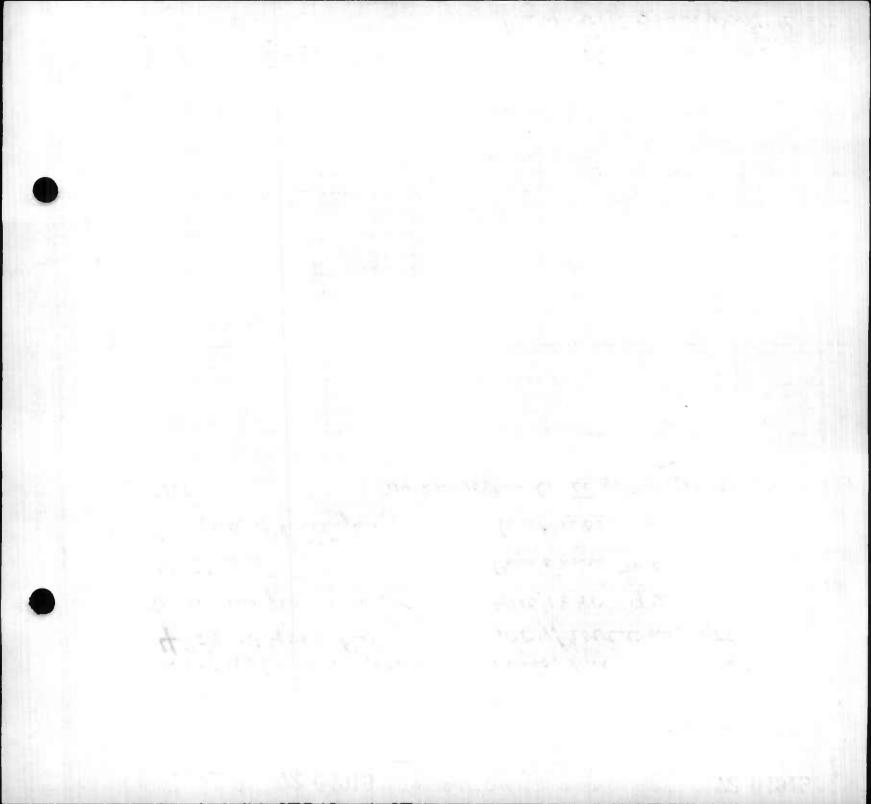
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

FILID NO CARLO BA	LTIMORE CITY	HEALTH DEPARTMENT		103 0404		
7-460 72 04917 C	ERTIFICA	TE OF DEATH	REG. NO.	72 04917		
BIRTH NO.		12. DATE AND H	OUR OF DEATH			
(Type or Print) James Taylor			5-18-72	1 5.28 D M		
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED D		A. STATE B. COUNTY Maryland		ns residence before admission)		
FULL NAME OF HIF NOT IN HOSPITAL OR INSTITUTION, GI ADDRESS OR LOCATION)	VE STREET	C. CITY OR TOWN	D. INSIDE CIT			
27		Baltimore	YES	NO .		
Mercy Hospital, Inc.		2209 Eutaw	Place			
S. SEX 6. RACE 7. MARRIED A NEVEL Male Colored WIDOWED 1	R MARRIED DIVORCED	8. DATE OF BIRTH 9. A lost Aug. 23, 18	GE (In years If U bightapy) 3 3 Mont	nder 1 Yr. If Under 24 Hrs. hs Doys Hours Min.		
done during most of working life, even if refired)	S OR INDUSTRY	11. BIRTHPLACE (State or foreign of Golsburry N.C		U.S.A.		
13. FATHER'S NAME		14 MOTHER'S MAIDEN NAME				
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) lift yes, give war or dates of service) SECU	AL BLITY NO. HA	17. INFORMANT		ADDRESS		
	16-5977	Mrs. Elsie Tay	lor 2209 Et	itaw Place 3fl.		
DISEASE OF CONDITION DIRECTLY	USE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
LEADING TO DEATH		ardiac arrest. Y he				
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO, OR, AS A	CONSEQUENCE OF:	C. a alia			
injury or complication which caused death.)	10	ellowed by Carant				
ANTECEDENT CAUSES	,	Les piccit	condial			
DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS	CONSEQUENCE OF:	- Infan	c#·		
rise to the above cause (A) staling the UNDERLYING CONDITION last.		Oronovey	Moranicy	erisAsevD.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).						
	nen a vio N	120A ALLEYSEVE IV. as Nall 20	R IR VEC WEER EINTHIN	IOS CONSIDERED		
₩AS PERFORMED	8	20A AUTOPSYT (Vos or No) 20 IN	CERTIFYING CAUSES	OF DEATH?		
OR CONTRIBUTINO CAUSE OF home, farm, f	FINJURY la.g., in lactory, street, off	or about 21 C. WHERE DID ice bidg. INJURY OCCUR?	(if In Boltimore City,	give exact location)		
D 21D. TIME IMonth) IDoy) (Year) (Hour) 21E, (NJURY White At	OCCURRED	21F. HOW DID INJURY	OCCUM			
While AI	Not While					
22. I certify that (I) (this hospital) attended the decep		5/18/1/2 10	10 5 11	6 72 10		
that (i) (we) iast saw the deceased alive on 5	18/72	19 and that I	n(my) (our) opinion d	leath occurred on the date		
and hour and from the causes stated above. (1) (We) (d	ld) (did not) v					
23A. SIGNATURE ()	107 (0.0 11017 (iow the body effet deaths	23 B. C	DATE SIGNED		
Mustamaga	Tall Dham	nding Med. Stoff		5/19/72		
23C. PHYSICIAN'S Y.M. BHATHA	DEGREE	3D. ADDRESS	V Cob.			
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of C	DEGREE EMETERY OF CRE	MATORY 24D. LOCA	TION (City, tow	n, or county) (State)		
Burial 5/ 22/72 Mt. Au	uburn Ce	metery Ba	ltimore, Mar	yland		
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGIST	RAR	25C. FUNERAL DIRECTOR		ADDRESS		
MAY 24 1972 Wallet E. Jackey & D. vs 150-REV. 1/1/68	200	Kenneth H, La	W, 4011 Park	neights Ave.		



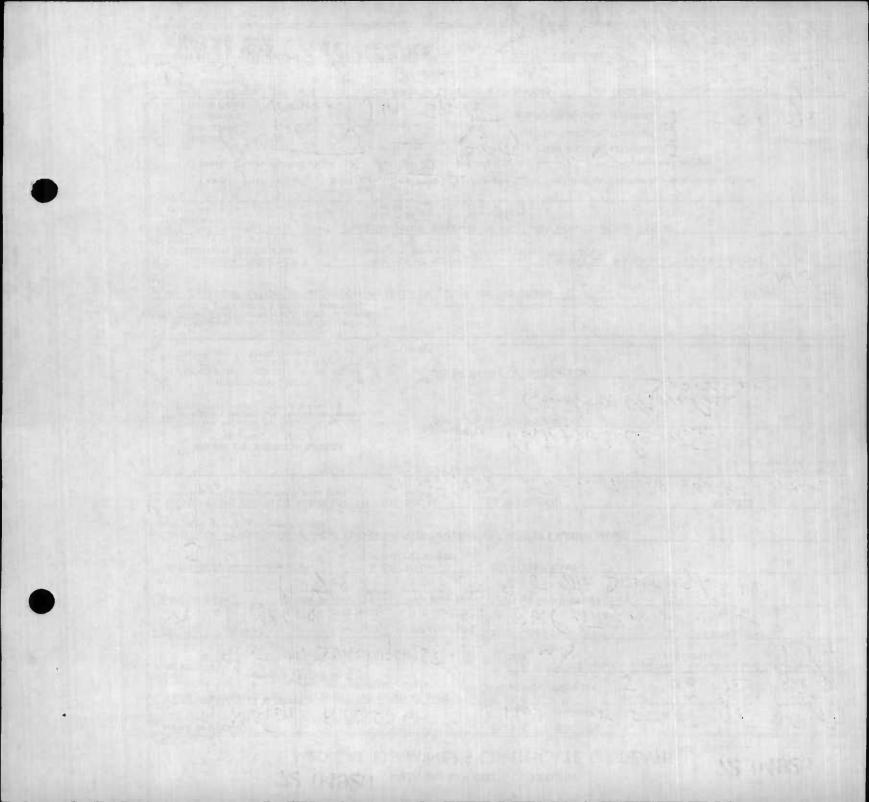
M 12 04918 BALTIMORE CITY HEALTH DEPARTMENT	
MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO	72 04918
BIRTH NO.	
1. NAME OF DECEASED (Type or Print) Leroy Milton 2. DATE Known Month Doy OF DEATH Estimoted 5 23	Yeor Haur
J. L.	Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) FULL NAME OF ADDRESS OR LOCATION) PRONOUNCED DEAD 5 23	72 8:55 a
OR INSTITUTION 28 N. Gilmore Street 5. USUAL RESIDENCE (Where deceased lived. If institution B. COUNTY) A. STATE Md.	on: residence before admission)
6. SEX 7. RACE B. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE C	CITY LIMITS?
	YES NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER	
Seg. 23/92/ 51 28 N. Gilmore Street	
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME WHAT COUNTRY?	
Jarana Ga. USA Dames Million	
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working lile, even if refired) Labor (UnKn)	
6. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL IS. INFORMANT	ADDRESS
Yes Dis. 22 october 45 254-16-4973 Beatrice Jones 28 N.	Gilmon st
19. 15 2934-556-683 Army CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Cancer of pancreas with metastasis	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	************
injury or complication which caused death.)	
ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING DISEASES OR CONDITIONS, IF ANY, GIVING DISEASES OR CONDITIONS, IF ANY, GIVING	
INDERIVING CONDITION LAST	
(c)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No)
	no
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Boltimore City, give et home, form, foctory, street, office bldg., etc.) INJURY OCCUR?	xoct location)
2 22D. TIME (Month) (Day) (Year) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.) WHILE AT NOT WHILE AT WORK	
23. I certify that I held on Inquiry Inspection XX Autopsy ond that on this basis, deoth In m	v enlalen
resulted from: Notural couses XXX Accident Suicide Homicide Undetermined monner	
CHIEF MEDICAL EXAMINER	
ACTUAL ASSISTANT MEDICAL EXAMINED XXXX	DATE SIGNED
SIGNATURE EXAMINER'S Peter Lipkovic, M.D. ASSOCIATE MEDICAL EXAMINER	5/23/72
NAME (Type)	
REMOVAL (Specily)	wn, ar county) (State)
Burial 5-26-12 Getteburg Pa Nat PK Getleburg Pa	ADDRESS
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 1 25C. FUNERAL DIRECTOR Charles Evans Hu	ADDRESS 1532
	ance Halling A

	-(// L (2 U4.013	TE OF DEATH REG. NO. 72 U4919					
1.1	NAME OF DECEASED	2. DATE AND HOUR OF DEATH May 20 1972 7: 45 P. M.					
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A, STATE B, COUNTY					
11 H	ILL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	2714					
IN	Harford heersing Home	Ballo, md D. INSIDE CITY LIMITS?					
	Harford Kursing Home	1009 Providence st.					
5.	Nale Negro 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Manths Days Haurs Min.					
dar	. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY of during most of working life, even if refired)	11. BIRTHPLACE (State or foreign country) Baltomore Md					
(Elijah Phillips	14. MOTHER'S MAIDEN NAME UNKNOWN					
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s,na or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mrs Beatring Craige-Cockerperlle Ma					
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH IThis does not meon the mode of dying, e.g., heart failure, asthenia, etc. it means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving CAUSE OF DEATH PPROXIMATE INTERV. ANALY OF DEATH PPROXIMATE INTERV. ANTERVIS OF DEATH PUBLIC OF DEATH PPROXIMATE INTERV. BETWEEN ONSET AND DI ANTERVIS OF DEATH PUBLIC OF DEATH PPROXIMATE INTERV. BETWEEN ONSET AND DI IN TO SET AND DI IN						
ATION	ise to the obove couse (A) stoting the UNDERLYING CONDITION tost. (C)						
ERTIFICA	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION WAS PERFORMED OPERATION	20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
CALC	21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in home, form, foctory, street, off etc.)	or obout 21 C. WHERE DID (II In Boltimore City, give exect location)					
MEDI	21D.TIME (Month) (Day) (Year) (Haur) 21E, INJURY OCCURRED White At Not White Work At Work	215. HOW DID INJURY OCCUR?					
22. I certify that (1) (this hospital) attended the deceased fram May 1 19 2 to May 20 19 22 that (1) (we) last saw the deceased alive an 19 19 2 and that in (my) (over apinian deoth accurred on the date							
	and have and from the causes stated abave. (1) (Ne) (and) (sid not) view the body ofter death. 23A. SIGNATURE Attending Phys. Attending Phys. 23B. DATE SIGNED						
	BURIAL CREMATION, 1248, DATE / 124C, NAME OF CEMETERY OF CREATERY	3202 Harford R.L. Baltimore M.1					
3	removal (Specify) 5/24/72 mt Clubeurn DATE REC'D BY HEALTH DEPT. 258, NAME, OF REGISTRAR	Ballimore, mary land					
	MAY 24 1972 Johns E. James of Registran	Margaretta Robinson Brain Gletallro					



VS 151-REV. 1/1/68

	4-31	5	72 0			IMORE CITY H					72 (14920	
DIE	THNO		MED	ICAL	EXAM	AINER'S	CERTIF	CATE	OF DEAT	H REG. NO		1000	
1, 1	NAME OF DEC	Maje	or 1	ant	504		2. DATE OF DEATH	Known Estimoled	Month 5	20°y	72	850/) _{M.}
FUL	L NAME OF SPITAL INSTITUTION	(IF NO	T IN HOSPITA	L OR INSTI		VE STREET		•	7	Doy 20 ived. If Institution B. COUNTY	In: residence	Hour 354 ge before admission	M.
		105	MC D					MD				109	feet .
6. 5	€X	7. RACE	9r0	B. MARRI		PER MARRIED DIVORCED	C. CITY O	// /	nore	D. INSIDE C	YES T	NO 🗆	
9. [DATE OF BIRTH		D. AGE (In	yeors	If Under I Y	r. Il Under 24 Hrs		AND NUMBE	Dono	1-1	3 8	Ī	
	BIRTHPLACE (S	0 - /		1.8		COUNTRY?	13. FATHE						
don	during most of w	orking life, ev	en il retired)			ESS OR INDUST			NAME				_
16. (Y es	WAS DECEASE	(II yes, give w	J.S. ARMED	FORCEST of service)		CURITY NO.	IB. INFOR	MANT TheL	Hudson		ME	Donas Interv	b
NOI	(This does not heart failure, injury or com AN DISEASES O RISE TO THE	G CONDIII	DEATH mode of dyi . It means the ch coused dea CAUSES ONS, IF ANY USE (A) STAT	ing, e.g., disease, oth.)		(B)	CAUSE AS A CONSE	andi	sole v	rotri	in Lz	TWEEN ONSEPAND D	
CERTIFICATION	TO THE DEA	IFICANT CON TH BUT NOT CONDITION	RELATED TO	THE TERMII	NAL								
	0	OPERATION	1 20B. CON	IDITION F	OR WHICH	OPERATION V	VAS PERFOR	MED			21. AU	TOPSY? (Yes or No	o)
MEDICAL	UNDERLYING UTING CA	USE OF DEA	TRIB- TH.		nome, farm,	OF INJURY (e.g foctory, street, of	ice bldg., etc.)	INJURY OCCU	R? `		xoct location	1)	
	OF INJURY (APPROX.)	Month) (D	oy) (Yeor		WHILE AT		T WHILE WORK	ZZF, HOW DIL	INJURY OCC	UK?			
	1 certi	R'S		sos D	Acciden	and .	onty D. ASS		AL EXAMINER			DATE SIGNED	
	SURIAL CREA MOVAL (Specif	AATION, 2	48. DATE May 2	7/2	24C. NAA	AE OF CEMETER	or CREMAT	za.	4D. LOCATION	accepe	vn, or coun	Co. The	1
25	MAY 2	A 1972	Valley	3 56B. W	MC OF RE	GISTRAR	25C.	FUNERAL DIR	ECTOR	· D/1:	ADDRESS ZALI	n. Partil	2



	EALTH DEPARTMENT	04921
72 04921 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.	OTOCI
1. NAME OF DECEASED	2. DATE Known Month Doy Y.	eor Hour
(Type or Print) Andrew L. McMorris	OF	72 2:30 a.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH - 3 22	eor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD -	70 0 00
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	5. USUAL RESIDENCE (Where deceosed lived. If Institution: resid	
OD THE RESIDENCE OF THE PARTY O	A. STATE A. Maryland B. COUNTY	/ Samuel admission
916 Newington Ave. (on street)		1000
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIM	MI157
M Negro WIDOWED DIVORCED	Baltimore YES 📉	NO 🗆
9. DATE OF BIRTH 10.AGE (In years If Under 1 Yr. II Under 24 Hrs. lost birthdoy) Months, Doys, Hours, Min.		
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	916 Newington Avenue	
WHAT COUNTRY?		
Lawrence Co. South Car. U. S. A.	Martin Luther	
4A.USUAL OCCUPATION (Give kind of work 148, KIND OF BUSINESS OR INDUSTR	Y 15. MOTHER'S MAIDEN NAME	
	Ola McMorris	
6. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL Yes, no or unknown) (11 yes, give wor or dotes of service) SECURITY NO.	18. INFORMANT ADDRES	SS
No. 248–18–8055	Mrs. Victoria McMorris 6224 Cope	ore Wav
19. // CAUSE OF DEA		APPROXIMATE INTERV
UNDERLYING CONDITION LAST.	AS A CONSEQUENCE OF:	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B, CONDITION FOR WHICH OPERATION W		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. /	AUTOPSY? (Yes or No
0 2		WAS
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. home, form, loctory, street, office uting Cause of Death.	, in or obout 22C. WHERE DID (If in Boltimore City, give exact local ce bidg., etc.)	yes tion)
22D. TIME (Month) (Doy) (Year) (Hour) 22E, INJURY OCCURRED WHILE AT NOT WORK AT WORK	T WHILE NORK	
23. I certify that I held an Inquiry Inspection Au	or CREMATORY and that on this basis, death in my opinion de Undetermined monner Undetermined monner Undetermined monner ASSISTANT MEDICAL EXAMINER OF CREMATORY 24D. LOCATION (City, town, or compared to the compared to t	DATE SIGNED 5-22-72 Dounty) (Stote)
25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRES	
VS 151-REV. 1/1/68	Morton & Dyett F. H. 1701 La	urens St.
10 10 mm 1/1/00	0	(

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or o	nde	dec	Hion
if d	(4) C	the	spos
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A A	one o	a	m le
iner	מכנו	0	m p
xam	A	9	316
cal e	5; C	S	ins
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ief n	dy d	icia	her
e ch	4+ e	phys	ore
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dsec	dent	dea	musi
role	accid	5	Val
icat	An	prio	ppro
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body Burns; (3) A tracture of any kind; (4) Undetermined cause; (5) Deceased	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.
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一十	W 3	D.	3

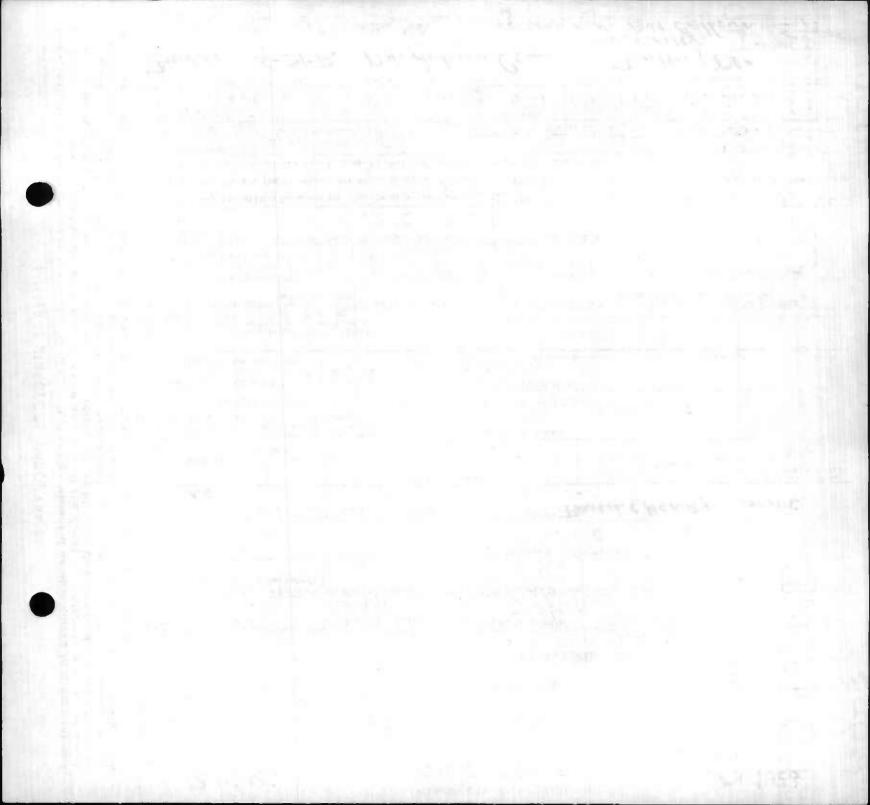
72 04922 BIRTH NO.	BALTIMORE CITY HEALTH DEPARTMEN CERTIFICATE OF DEAT	(E 010C
1. NAME OF DECEASED (Type of Print) ALCE MAR DIGGS (DAMERON) 2. DAT	TE AND HOUR OF DEATH - 23 - 12 4:15 Am.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE FULL NAME OF HOSPITAL OR INSTITUTION ADDRESS OR LOCATIONS INSTITUTION LUTHERAN HOSP. OF	GIVE STREET A. STATE M. D. C. CITY OR TOWN	COUNTY D. INSIDE CITY LIMITS? YES NO BER ELGIN AVE
5. SEX 6. RACE 7. MARRIED NEGRO WIDOWED D 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUS dene during most of working life, even if retired)	DIVORCED 5-26-85 ESS OR INDUSTRY 11. BIRTHPLACE ISION OF	of foreign country! 12. CITIZEN OF WHAT COUNTRY? U, S,
M.C. HOWARD	14. MOTHER'S MAIDEN	N NAME
	CIAL CURITY NO. 17. INFORMANT PE	GINALD DIGGS ADDRESS 4ART SAME
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	(A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH INFARCTION

10A. U dens d 13. FA 15, We 18 in D ni U П CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 208 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Incitive medical examines 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, farm, factory, street, office bldg., INJURY OCCUR? etc.) (If In Boltimore City, give exact facation) MEDICAL 21 D. TIME OF INJURY (Month) (Doy) (Yearl (Hour) 21 E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? White At Not White [APPROX.] Work 22. I certify that (1) (this hospital) attended the deceased from that (1) (we) last saw the deceased office on and that In(my) (aur) apinion death accurred an the date and hour and from the causes stated above. (1) (We) (did) (did-not) view the body after death. written approval mus 23A. SIGNATURE 238, DATE SIGNED Attending [Med. Phys. Director DEGREE 23C. PHYSICIAN'S NAME (Typol 23D. ADDRESS DEGREE 24A. BURIAL CREMATION, 248. DATE REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATORY 24D, LOCATION (City, town, or county) -26. (Emi 101 ADDRESS

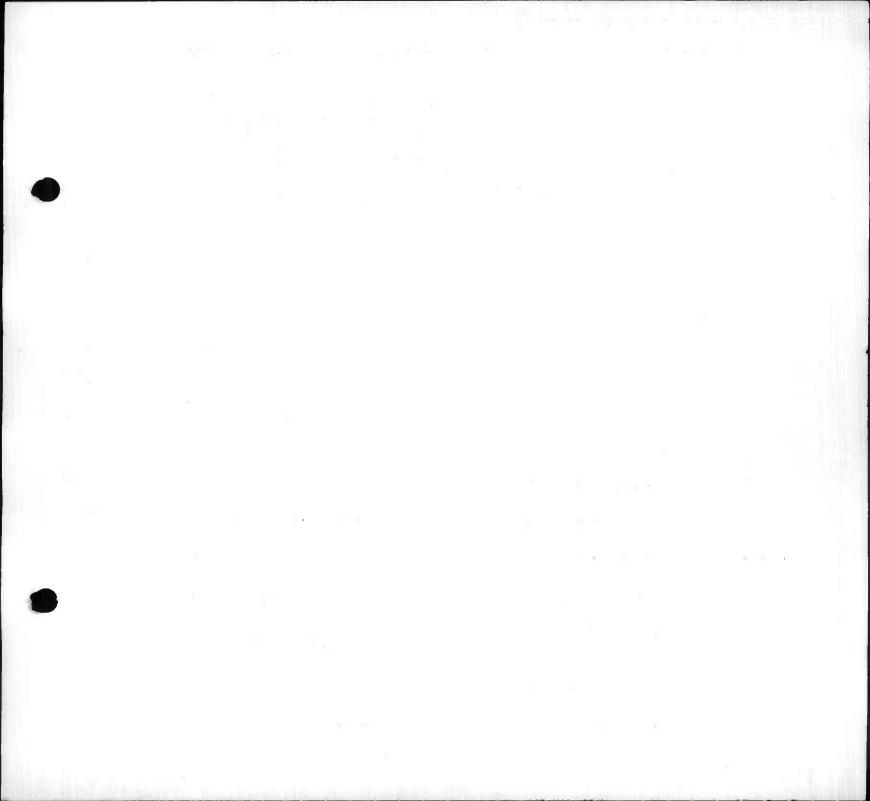
VS 150-REV. 1/1/68

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

20 04000	BALTIMORE CITY	HEALTH DEPARTMENT		-2 6 4000
72 04923 BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO.	72 04923
1. NAME OF DECEASED		2. DATE AND	HOUR OF DEATH	
IType or Print) ELLA FRANCES	DNES	5	5/21/22	5.10
3. PLACE IN BALTIMORE, MARYLAND, WHERE PROM		4. USUAL RESIDENCE IWhere	1	stitution: residence before admission)
FULL NAME OF UF NOT IN HOSPITAL OF INS		IA. STATE & COUNT	CT.	7001
INSTITUTION		C. CITY OR TOWN	z.3	DE CITY LIMITS?
- BON SECOURS HOS	PITAL		23	YES NO
3 4		303 N. PAY	SON ST.	
SEX 6. RACE 7. MARRIE	D NEVER MARRIED		. AGE IIn years	If Under 1 Yr II Under 24 Hrs.
+ B widow	DIVORCED	3/3/07	ost birthdoy) 65	Months Days Hours Min.
IOA, USUAL OCCUPATION (Give kind of work 108, KIND lone during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole of foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
	17.00	Pa.		USA
3 FATHER'S NAME		14 MOTHER'S MAIDEN NAM	/E	
UNKNOWN		ELIZASET		
5. Was Deceased Ever in U. S. Armed Ferces? Yes, no or unknown! (If yes, give war or dates of service	SECURITY NO.	17. INFORMANT PAULI	NE HENRY	ADDRESS SAME
NO	MA 30 -8799	10070-N-		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e, heart failure, asthenia, etc. It means the diseas injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving the labove cause (A) stating it	(a) IMMEDIATE CAU DUE TO, OR AS (b) DUE TO, OR AS	SE A CONSEQUENCE OF: TE CLYP CICLLA A CONSEQUENCE OF:	eling adee	***************************************
UNDERLYING CONDITION last.	(c) N	sevy	***************************************	
O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINA DISEASE OR CONDITION GIVEN IN PART 1 (A).	3			***************************************
19A-DATE OF OPERATION 198 CONDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or No.)	20B. IF YES, WERE FIN CERTIFYING CAU	INDINGS CONSIDERED
OR CONTRIBUTING CAUSE OF	IR PLACE OF INJURY (e.g., in ome, farm, foctory, street, of ical	or obout 21C, WHERE DID	(If In Boltimore	City, give exect location)
O 21D. TIME (Manth) (Doy) (Year) (Houd 2)	E INJURY OCCURRED	21F. HOW DID INJU	BY OCCUPS	
OF INJURY	Vhile At Not While		KI OCCOR!	
	Vork Al Work			1
22. I certify that (1) (this hospital) attended	the deceased from	t-16 10	72 10 5	121 1072
	[/ [] .	~~~		·/
that (1) (we) lost sow the deceased alive on	7		In(my) (our) opin	Ion death occurred on the date
and hour and from the couses stated above.	(1) (We) (did) (did not) v	ew the bady after deoth.		
23A. SIGNATURE				238, DATE SIGNED
4 Selen	Dhim	iding Med. S	toff [5/21-72
23C. PHYSICIAN'S	DEGREE Phys	Director P	hys. 🗀	
represent f. 16	RIBUETAGETO	2935 PIPER	PMTH See	a Burarie AD 21 %
4A. BURIAL CREMATION, 24B. DATE 24C.	NAME OF CEMETERY OF CRE	MATORY 24D. LO	CATION (Cin	, town, or county! (State)
BUDIAL Specify 5-24-72	M. Auburn	Cem.	RAHO.	ne-
SA. DATE REC'D BY HEALTH DEPT. 258, NAME	OF REGISTRAR	25C. FUNERAL DIRECTOR	Bailer	ADDRESS
MAY 24 1972 Pare & 30	Bes R.D.	Kaisoni Fint.	1348 CA	Thous. S.T
'S 150-NEV. 1/1/68		3 3 1 0	1010 071	1,



	1	-160	The same		BALTIMORE CITY	HEALTH DEPARTMENT		NCOAL CE		
2002	BIRTH	NO	72	04924	CERTIFICA	TE OF DEATH	REG. NO	72 04924		
of death Deceased e on the	1. NAN	AE OF DECE				2. DATE AND HOUR OF DEATH				
- 5 6 G		or Print)	Edna	I. Scha	effer		May 21, 197			
of of Dec ath.	3. PLA	CE IN BALTI	MORE MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (W. A. STATE B. CO.	here deceased lived If	institution: residence before odmission)		
hos (5) an de	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)					Maryland	() 7 to T	5300		
car Se; end						C. CITY OR TOWN D. INSIDE CITY LIMITS?				
ed in a ting caudacause; a attend	9	O Ar	derson Nur	sing Ho	me	Baltimore E. STREET AND NUMBER		YES NO 🔀		
ar de de	5. SEX	16	RACE	7		6005 Gwynn				
occurre ontribut ermined regular passed p		male	White	WIDOWED	NEVER MARRIED DIVORCED	4-17-1882	9. AGE (In years last birthdoy)	Months Days Hours Min.		
	10A, U.	UAL OCCUP	ATION (Give kind of work	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or fo	70	12. CITIZEN OF WHAT COUNTRY?		
or or or or or or or or or or or or or o	done de	ring most of Wo	rking life, even if retired)							
de de sit	13. FA1	At Hor	ne			Baltimore,		U.S.A.		
if (4) (4) the the the spo		TILL S INCHIN				14. MOTHER'S MAIDEN N	AME			
		W	illiam T. E	vans		Julia Jacob	S			
0 2 8 -	(Yes, no	ar unknawn) (I	rer in U. S. Armed Forcifyes, give war or dates	es? of service)	SECURITY NO.	17. INFORMANT		ADDRESS		
						Mildred Schae	offer - Same			
any ced ndar	18.	4-13	(3)		CAUSE OF DEATH		errer - Darrie	APPROXIMATE INTERVAL		
C 0 + E 0 0		DISEASE OR CONDITION DIRECTLY								
Als e o tou att	//		ADING TO DEATH		(A)IMMEDIATE CAU	ISE () leseno Selevotre Hearf 2 grs				
	н пе	ati lallute, as	mean the made al thenia, etc. It means	the disease		CONSEQUENCE OF:	Destar			
ner. actu pro ular mba	inj		calian which caused	death.)	0	10211-				
E T O D O	ANTECEDENT CAUSES (A) beselved of						onlons	2 months		
xan xan y A wh re	DI	DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the								
- 00 E.E.	10	UNDERLYING CONDITION last. (c) Change Samphony								
medical edical burns; hysicia n was	-		11		0	// / ~	0 0			
	E 110	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL								
TE Y G D O										
by a me by a me 2) Body by re the ph physician fore the re	198. CONDITION FOR WHICH OPERATION WAS PERFORMED 208. AUTOPSY? Wes OF No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?									
the (2) or ph efor	I OP	ACCIDENT	WAS UNDERLYING	21B.	PLACE OF INJURY (e.g., in	ar about 21 C. WHERE DID	II In Boltimo	re City, give exoct locotion)		
ved by the characteristics by nature; (2) Bept where the (6) No phy ained before	A DE	ATH (notify m	edicol exomined	home etc.)	, form, factory, street, affi	ce bldg. INJURY OCCUR?		and the same state of the same		
ature; (b) whe (c) No ned be	210	DEATH (notify medical examined) Continue								
hosp natur cept w d (6)	E (AP	PROX.)		While Wark	Not While	1		1		
prov ny n and and	22.	I certify the	ot (1) (this hospital)			6/15	19 72 to 5	-/-		
G 0 0			st saw the deceased		5/20/	19 75 ond t	730	19 / 2		
0 0 0 5 5	1 1				(W-) (144) (111 ·) ·	ew the bady after death.	hat in (my) (AMP) op	hion death occurred an the date		
dent dent ospit deat must	23A	SIGNATURE	Oil the cooses stole	d dodye. (1)	(Se) (ara) (ala nat) vi	ew the bady after death.	•			
2 2		L.	0001	/	M - D Atten	ding Med.	Staff [23B. DATE SIGNED		
accide to the	23C	PHYSICIANS	of J. Wa	morte	DEGREE Phys.	Director L	Stoff Phys.	5/23/12		
An at at prior		NAME (Type	1101	. 1.	m-0	100 W. Con	0.08 -	1 0 # 10		
# AP 200	24A. BU	RIAL CREMA	TION, 24B. DATE	24C. NA	ME OF CEMETERY OF CREA	- 70	of Alming of	a - 1/ Julio " Ing		
	_	MOVAL (Spec	sify)	717	(/	ity, towh, or county! (State) -		
	25A. DA	urial	5-25-72 HEALTH DEAT		dlawn Cemet	ery Ba	ltimore, Ma			
This of the bashow was decement	1	MAY 24	1972 Jakana	SE NAME OF	M.D.			el-4600Liberty Hegth		
	VS 150-	REV. 1/1/68		3 1	- 4	Transpose F	Chap	er-4000Liberty Hegth		



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing couse of death shows: (1) An accident of ony noture; (2) Body burns; (3) A fracture of any kind; (4) Undetermined couse; (5) Deceased wos D.O.A. at o hospital (except where the physicion who pronounced death wos in regular ottendonce on the deceosed prior to deoth); ond (6) No physicion was in regulor attendonce on the deceosed prior to deoth. Such written opproval must be obtained before the remains are embolmed or final disposition is made.

4 021	-1	BALTIMORE CITY	HEALTH DEPARTMENT		
7-236 72 0492	5	CERTIFICA	TE OF DEATH	REG. NO	72 04925
BIRTH NO.	2			· · · · · · · · · · · · · · · · · · ·	
Type or Print) FEASTER	GLADY	'S ALTONA		20, 1972	8:35PM N
3. PLACE IN BALTIMORE, MARYLAND, WHE	RE PRONOL	INCED DEAD	4. USUAL RESIDENCE (Wh A. STATE B. COU		institution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL HOSPITAL OR ADDRESS OR LOCATION	OR INSTITU	JTION, GIVE STREET	INDIANA C. CITY OR TOWN	JA CK SOI	SIDE CITY LIMITS?
LLA ST AGNES H	INSPIT	1 4	SE YMOUR		YES NO
TO ST AGNES II	1031 (1		735 EAST 5T	H STREET	47274
6. RACE 7.	MARRIED [NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs.
	WIDOWED)		04/26/97	75	
OA, USUAL OCCUPATION (Give kind of work 10 one during most of working life, even if retired)	8. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY
TEACHER	Scho	ool	INDIANA		USA
3. FATHER'S NAME			14. MOTHER'S MAIDEN NA		
CHARLES MCDONALD			FLORA ELLEN	(GKEEN)	
S. Was Deceased Ever in U. S. Armed Forces (es, no or unknown) (If yes, give war or dates o	of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO , , , ,		317 28 9363	ST AGNES HO	SPITAL BA	LTO MD 21229
18.20 2 2 L		CAUSE OF DEATH	1		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIREC	CTLY		n i		DETWEEN GROET AND DEATH
LEADING TO DEATH (This does not meen the mode of do	vina aa	(A) IMMEDIATE CAU	se Posterio	r Mi.	- 3 days
heart lailure, osthenio, etc. It means th	e disease,	DUE TO, OR AS	A CONSEQUENCE OF:		
ANTECEDENT CAUSES	eain.)	1			0?
		(B) CP AS	mphoma A CONSEQUENCE OF:	•	
DISEASES OR CONDITIONS, if on rise to the above cause (A) st		1.			
UNDERLYING CONDITION Iosi,		(c)	2		
z II			0	,	1 1/2
OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED TO THE	TERMINAL	ui	duey cy	A	+ years
DISEASE OF CONDITION GIVEN IN PART 1	TON FOR V	VHICH OPERATION	20A. AUTOPSY? (Yes or N	o) 20B. IF YES, WERE	FINDINGS CONSIDERED
19A-DATE OF OPERATION 19B. CONDITION WAS PERFORM	RMED		YES	IN CERTIFYING CA	AUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 8, hom etc.)	e, lorm, foctory, street, of	n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If In Boltimo	ore City, give exact location)
21D.TIME (Month) (Doy) (Year)	Hour 21E.	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
OF INJURY (APPROX)	Whi	le At Not While			
22. I certify that XIX (this haspital)				to	05/20/72 19
that XIX(we) iast saw the deceased					
and haur and from the causes stated					
23A. SIGNATURE	-	0			23 B. DATE SIGNED
27	NY	Phys	nding Med.	Staff Phys.	05 21 72
23C. PHYSICIAN'S	2.2	DEGREE THY	23 D. ADDRESS	,	0) 21 /2
NAME (Type)	1.)	1706	ST. AGNES HO	DSPITAL	
4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NA	AME of CEMETERY of CRE			City, town, or county) (State)
Burial 5/25/72		River View Ce	em. Se	eymour	Indiana
25A. DATE REC'D BY HEALTH DEPT. 25	-	F REGISTRAR	25C. FUNERAL DIRECTO	1 R	ADDRESS
MAY 24 1972 Robert	Ja Ban	MD D	SIACK Funera	L Home Elli	icott City, Md. 21043
/S 150-REV. 1/1/6B	-		0 7 2 0		

A 17 20 SEES LOT AGREE MOSPILEL DALIN HO FARSE Varies Erres (questión al Mires has not ESTANDA TERRAL

This certificate must be approved by the chief medical exominer or his assistant if deoth occurred in a hospital and the body was released to the hospital by a medical exominer. Also, if the direct or contributing cause of death	shows: (1) An accident of ony noture; (2) Body burns; (3) A frocture of any kind; (4) Undetermined couse; (5) Deceosed wos D.O.A. at o hospital (except where the physicion who pronounced death was in regulor offendance on the deceosed prior to deoth); ond (6) No physicion wos in regulor aftendonce on the deceosed prior to deoth. Such written approvol must be obtained before the remoins ore embolmed or final disposition is mode.	
This c	wos l decec	

Tana	BALTIMORE CITY	HEALTH DEPARTMENT		9 04000
72 U4926	CERTIFICA	TE OF DEATH	REG. NO.	72 04926
NAME OF DECEASED Type or Print) TODD, Willis Frankli	in		7-72	7:45 P M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If in	stitution; residence before admission)
FULL NAME OF (IF NOT IN HOSMTAL OR INSTITUTION ADDRESS OR LOCATION) NSTITUTION Transport Administration		Maryland c. CITY OR TOWN	D. INSI	DE CITY LIMITS?
Veterans Administration 3900 Loch Raven Bouler		Crisfield		YES NO
Baltimore, Maryland 2		Post Office E	Box 51	
6. SEX 6. RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. II Under 24 Hrs. Months: Doys Hours Min.
Male White WIDOWED	DIVORCED		10st birthdoy) 52	112. CITIZEN OF WHAT COUNTRY?
lone during most of working life, even it retired)	BOSINESS OK INDUSIKI			
Seafood Dealer Seafoo	đ	Crisfield, Ma	ryland	U. S. A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	A E	
George W. Todd Sr.		Lillian Parks		````
S. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give war or dates at service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT VA HOS	pital Recor	ds ADDRESS
	218-20-8309	Baltimore, Ma		
18.	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		SE q. I. Hem	nmhage	4 mos
(This does not meen the made of dying, e.g.,	(A) IMMEDIATE CAU	A CONSEQUENCE OF:		7 1,002
heart failure, asthenia, etc. II means the disease, injury ar camplication which coused death.)			,	
ANTECEDENT CAUSES	m 1191 des	A CONSEQUENCE OF:	reventiate	2 4 mos
DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	cinoma	
rise to the above couse (A) stoting the UNDERLYING CONDITION last.	(c)	Car	CINOPAC	
ll ll	(0,72			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				*******************************
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes or No	20 B. IF YES, WERE I	FINDINGS CONSIDERED USES OF DEATH?
		No		
OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner) 218. home	PLACE OF INJURY (e.g., in e, term, loctory, street, of	or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(II in Boltimor	e City, give exoct locotion)
	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY (APPROX.) While	Not While	• 🗖		
22. I certify that 🐧 (this haspital) attended th			19 72 to May	7 17. 19 72
that (14 (we) last saw the deceased alive on			and a figure of the name of the contract of	
and haur and from the causes stated above.			at the state of the	midit death accorred an the gute
23A. SIGNATURE	(ua) (aid) (iffa Visti) A	rew the bady after death.		23B, DATE SIGNED
Dohn 1. R. l.		nding Med.	Staff Phys.	5-18-72
23 CPH/SICIAN'S	DEGREE Phys		Loch Raven I	1
JOHN W. BAKER	MD		more, Maryla	
	ME of CEMETERY OF CRE			ity, town, or county) (Stote)
	nyridge Cemete	erw Cri	sfield, Som	erset. Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME O		25C. FUNERAL DIRECTOR	Daniel Dolla	ADDRESS
MAY 24 1972 Palent E. Jack	A.B.	Bradshaw & So	ons, Crisfie	ld, Md. 21817

service, restaind Assist The state of the s DESTRUCTION OF CHARLES 15-12 1 13-40 12 1 0. THE RESERVE TO SEE STATE OF THE PARTY OF THE x=1 milya manggu

A THE PARTY OF THE

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. VS 150-REV. 1/1/68

11-	Vinel	703	1000	BALTIMORE CITY	HEALTH DEPARTA	MENT	
1	1-424	12 0	4927		TE OF DEA		72 04927
	NAME OF DEC	EASED		CERTIFICA			
	(ype or Print)	Voelkel	Viola		2.	DATE AND HOUR OF DEAT	1 4.25 0
3	PLACE IN BAL	TIMORE MARYLAND, Y	WHERE PRONO	UNCED DEAD	4. USUAL RESIDEN	ICE (Where deceased lived, If	institution: residence before admission)
1111	ULL NAME OF	ADDRESS OR LOC	TAL OR INSTITU	UTION, GIVE STREET	Manyland	Anne Arun	
	20 12	n H	4	. 11	Bellinger		YES NO
1	South	Ballipaire	genera	HUHUITA	E. STREET AND NE	OURO ANU	110
5.	SEX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AOE (In years	II Under 1 Yr. , II Under 24 Hrs.
	1-	W	WIDOWED	DIVORCED	2-23 -	lost birthdoy	Months Days Hours Min.
I de	A. USUAL OCCU	JPATION (Give kind of worl working lile, even if retired)	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Sto	to or foreign country)	12. CITIZEN OF WHAT COUNTRY
		tresst- Ret.			Marylor	nd ma	USA
13	FATHER'S NAM	ME			14. MOTHER'S MAI	DEN NAME	UJA
1	tenny	B. Humi	nert		Henne	Ta Jones	
(Y	es, na or unknown)	Ever in U. S. Armed For Ill yes, give wer or date	ces? s of service)	SECURITY NO.	17. INFORMANT	17-	ADDRESS
-	no			217-03-0672A		erine Lambert,	same as li
	18. 7 DISEAS	/ X I		CAUSE OF DEATH	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEAS	E OR CONDITION DI	RECTLY		Post	- L.A.	
	(This does no	ol mean the mode of asthenia, etc. Il means	dying, e.g.,	DUE TO, OR AS	CONSEQUENCE OF:	u - mune	
	injury or com	plication which caused	death.)		, 1	3	
		INTECEDENT CAUSES		(B) Erroni	c brondai	tin an Congratue	heim Faralum
	DISEASES O	R CONDITIONS, ii above cause (A)	any, giving	DUE TO, OR AS	A CONSEQUENCE OF		
	UNDERLYING	CONDITION IOSL	stuning the	(c) Anger	w'a	V	
Z		11		4		/	
CATION	TO THE DEATH DISEASE OR CO	CANT CONDITIONS COL I BUT NOT RELATED TO TH ENDITION GIVEN IN PAR	HE TERMINAL	Pactal b	leeding - ho	semme holds su	opertif
CERTIFIC	DATE OF	OPERATION 198 CON WAS PERF	ORMED	HICH OPERATION	20A. AUTOPSY? (Y	es of No. 208 IP YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
CALC	OR CONTRIBUT	T WAS UNDERLYING TINO CAUSE OF	21 B. I homo etc.)	PLACE OF INJURY (e.g., In , form, foctory, street, off	ce pide INJURY OC	CU R?	ore City, give exact location)
MEDI	21 D. TIME OF INJURY	(Month) (Day) (Year)	(Hour) 21E.	INJURY OCCURRED		DID INJURY OCCUR?	
2	(APPROX.)	m	While	e At Not While			,
	22. 1 certify	that (I) (this hospital)) attended the		19	19 <u>72to\$</u>	1 2 10 73
		last saw the decease		5 / 22	19 72	,	Inian death occurred an the date
	and hour and	from the causes state	ed above. (i)	(We) (did) (did-not)_vi	ew the body after	death	men deem occorred on the date
	23A. SIGNATUR	5 / 11					238 DATE SIGNED
	23C. PHYSICIAN	Sinhara		M. D. Atten	Director	Staff Phys.	5/22/72
	NAME (Ty	R. SIRIT	HARA	MD	Souls &	Bettings lien	iral Hassoital
24/	REMOVAL (SE	ATION, 24B. DATE	24C. NA	ME of CEMETERY OF CREA	1413	24D. LOCATION (C	ily, town, or county! (Stote)
	Burial	25 May	72 Gle	n Haven Memor	ial Park	Glen Burnie	AA Md.
25	A. DATE REC'D	Y HEALTH DEPT.	25B. NAME OF	REGISTRAR	25C. FUNERAL DI	RECTOR	ADDRESS
	MAY 2	1 1072	F Jack	EL ACE O ID	Kirkley F	uneral Home. Gl	

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) - n./	BALTIMORE CITY	Y HEALTH DEPARTMENT	~ 0.400Q
	TH NO. 1AME OF DECEASED 72 049	CERTIFICA	TE OF DEATH REG. N	No. 72 04928
	on or Print)	AM E	5 19 72	2.10 F
3. P	RUNKLES, WILLI		4. USUAL RESIDENCE IWhere deceased live	ed. If institution; residence before admiss
FUL	LL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	MD . HOWARD	D. INSIDE CITY LIMITS?
114.2	ST AGNES HOSPITAL			ity YES NOX
0	BALTIMORE, MARYLAND		E. STREET AND NUMBER 8505 HIGH RIDGE R	
5. SI	EX 6. RACE 7. MA	RRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In year	ors If Under 1 Yr. , If Under 24
164	MALE MILITE	OWED DIVORCED	6 26 24 lost birthday) 11. BIRTHPLACE (State or foreign country)	Months Doys Hours Mi
done	e during most of working life, even if retired) SELF EMPL. WE	LD I NG	MARYLAND	U S A
13. F	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	WILLIAM RUNKLES		BLANCHE (STROMBER	G) Staubitz
	Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ADDRESS
Yes	YES WW 2	218 18 4992	ST AGNES HOSP., B	ALTO., MD.
ATIC	WAS PERFORMEN	giving (B) DUE TO, OR AS (C) (C) (C) (C) (C) (C) (C) (C) (C) (C)	A CONSEQUENCE OF: E & LIVE G CI L S A CONSEQUENCE OF TOTAL COLO 20A. AUTOPSY? (Yes or No) 20B, IF YES, IN CERTIFY!!	were findings considered no causes of death?
144				a to
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	home, form, foctory, street, o	in or about 21C. WHERE DID (If the office bldg., INJURY OCCUR?	Boltimare City, give exect location)
AEDICAL CE	OR CONTRIBUTING CAUSE OF	home, form, foctory, street, etc.)	21F. HOW DID INJURY OCCUR?	Boltimare City, give exect location)
MEDICAL CE	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) IYear) IHour OF INJURY (APPROX.)	home, form, foctory, street, cetc.) 21E. INJURY OCCURRED While AI Not White At Work	21 F. HOW DID INJURY OCCUR?	Boltimare City, give exoct location)
MEDICAL CE	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D.TIME (Month) (Day) IYear) IHour OF INJURY (APPROX.) 22. I certify that (M(this hospital) atterthat XI) (we) last saw the deceased alive	by 21E. INJURY OCCURRED While AI Not White At Work anded the deceased from	21F. HOW DID INJURY OCCUR? 10	5 19 19 7
MEDICAL CE	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D.TIME (Month) (Day) IYear) IHour OF INJURY (APPROX.) 22. I certify that (M(this hospital) atterthat XI) (we) last saw the deceased aliver and have and from the/causes stated about the control of the	by 21E. INJURY OCCURRED While AI Not White At Work anded the deceased from	21F. HOW DID INJURY OCCUR? 10	5 19 19_7 ur) apinion death accurred on the
MEDICAL CE	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D.TIME (Month) (Day) IYear) IHour OF INJURY (APPROX.) 22. I certify that (M(this hospital) atterthat XI) (we) last saw the deceased alive	home, form, foctory, street, cetc.] 21E. INJURY OCCURRED While AI Not White At Work add the deceased from	21F. HOW DID INJURY OCCUR? 10	5 19 19 7
MEDICAL CE	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D.TIME (Month) (Day) IYear) IHour OF INJURY (APPROX.) 22. I certify that (M(this hospital) atterthat XI) (we) last saw the deceased aliver and have and from the/causes stated about the control of the	home, form, foctory, street, cetc.] 21E. INJURY OCCURRED While AI Not White At Work add the deceased from	21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 72 ta	ur) apinion death accurred on the
MEDICAL CE	OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21D. TIME (Month) (Day) IYear) IHour (APPROX.) 22. I certify that (M(this hospital) after that XI) (we) last saw the deceased aliver and haur and from the causes stated above 23A. SIGNATURE	home, form, foctory, street, cetc.] 21E. INJURY OCCURRED While AI Not White At Work add the deceased from	21F. HOW DID INJURY OCCUR? 19 72 to	5 19 19 7 238. DATE SIGNED 5 19 79 BALTO., MD. ICity, town, or county) (Ste

BURNIES, WILLIAM E.

ST ACHES HOSPITAL BALTIMORE, MARYLAND

WILLIAM RUNKES

WITE BERRIE

SETE EMBE

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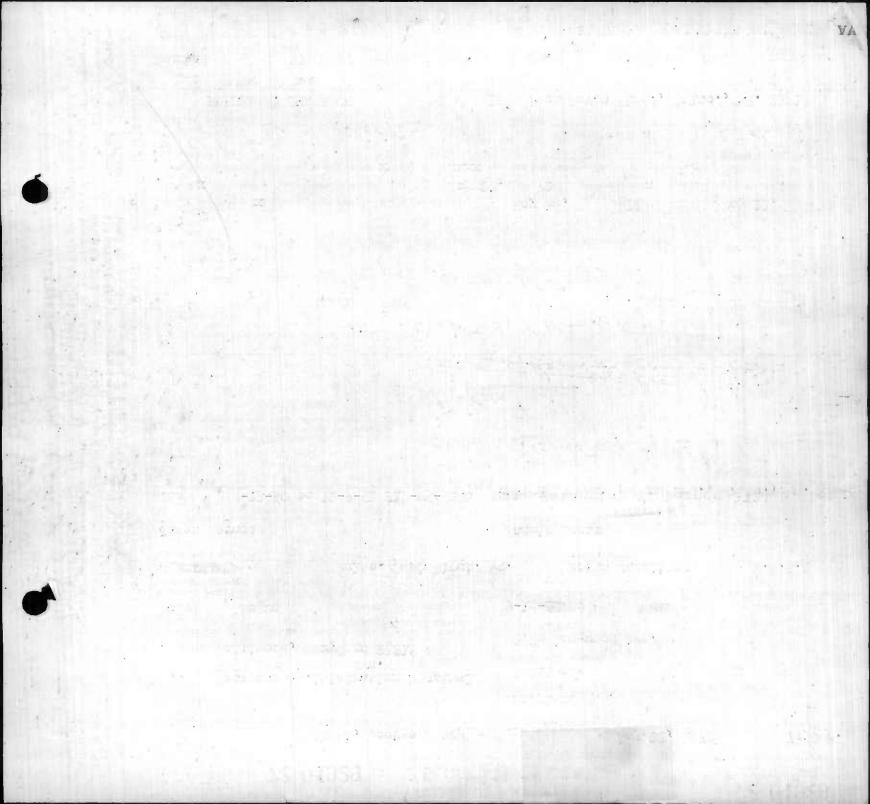
BEN CHE (STROMBERS) - F. C.

Les and 21 wests Hughton - Sirts ' Hot

SEOF MICH SIDEE 410-

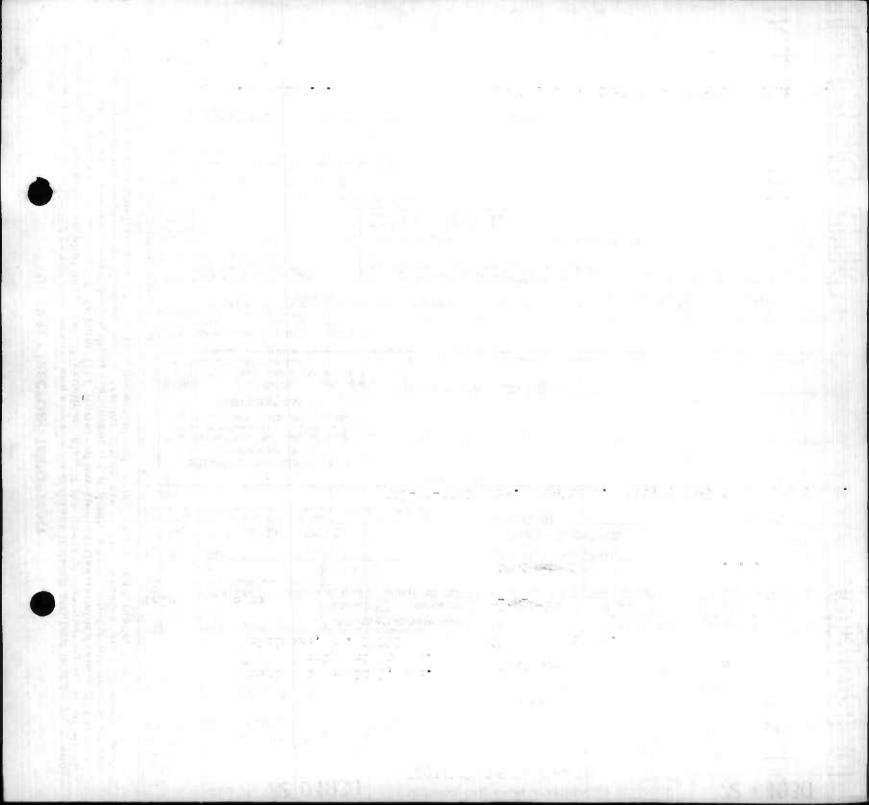
WI HOWWELL

4.50	BALTIMORE CITY	HEALTH DEPARTMENT		72 04929
p-650 72 04929	CERTIFICA	TE OF DEATH	REG. NO	770 01000
BIRTH NO.	02.((1).10)		HOUR OF DEATH	
(Type or Pont)	eorge Henry		av 22. 197	7:50 P-M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONC		4. USUAL RESIDENCE IWhere d	M	
		A. STATE B. COUNTY		15-38
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION) ADDRESS OR LOCATION)	TUTION, GIVE STREET	Maryland c. CITY OR TOWN	In INISI	IDE CITY LIMITS?
INSTITUTION Veterans Administrati	on Hospital	Baltimore	D. 11431	YES X NO
3900 Loch Raven Blvd.		E. STREET AND NUMBER		120
Baltimore, Maryland 2	5T5T8	2724 Longwood	Ave.	
5. SEX 6. RACE 7. MARRIED	A NEVER MARRIED	B. DATE OF BIRTH 9.	AGE (In years	If Under 1 Yr. If Under 24 Hrs.
Male Negro WIDOWED	= =	9-16-1909	62	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108, KIND O				12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even it retired)	0 0 73	27 11 0	7.	77 0 4
porter Balto.	Gas& Elect.	Vo. North Ca	arolina	U.S.A.
13. PAINER 3 NAME		THE MOTHER'S MAIDEN HAME		
James Barnes		Fannie Lucas		
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	viceds -	ADDRESS
Yes 8-23-50 to 11-9-51	212-05-5286	Mrs. Katherine	M. Barn	es 2724 N. Longwo
1B	CAUSE OF DEAT	H		BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		1	1	L BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAL	ISE ROSPINATORY	HI1es]	
(This does not meen the mode of dying, e.g. heart foilure, osthenio, etc. It means the disease		A CONSEQUENCE OF:		
injury or complication which coused death.)	1	1		
ANTECEDENT CAUSES	(B) HSP1	ration		
DISEASES OR CONDITIONS, if ony, giving		A CONSEQUENCE OF:	Nomit.	Ing//
rise to the obove couse (A) stoling the UNDERLYING CONDITION lost.	10 Chron	ric Romal Fai	Tore !	Diafrito<
11	(0/			
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	0.11	. /1	0 / I	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a), 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED U 21A. ACCIDENT WAS UNDERLYING 121	Diapele	5, Chronick	enal le	21/0/6-
194. DATE OF OPERATION 198. CONDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE	FINDINGS CONSIDERED
WAS PERFORMED		Ves	CERTIFIED CA	USES OF DEATH:
OP CONTRIBUTING TICALISE OF	B. PLACE OF INJURY (e.g.,	ffice bldg., INJURY OCCUR?	(II in Boltimor	e City, give exact location)
Z DEATH (notify medical examiner)				
	E. INJURY OCCURRED	21F. HOW DID INJUR	Y OCCUR?	
	hile At Not While At Work			
W W		May 16, 19	79 .	May 22, 19 72
22. I certify that (C(this hospital) attended				
that (I)C(we) lost sow the deceased alive an.			In (m) (aur) opl	nion death accurred an the date
and hour and fram the couses stated obove.	(A) (Me) (qiq) (qqq)	view the bady after death.		
23A. SIGNATURE A DI	//	andian C Mad C St	т г	238, DATE SIGNED
Robert & Sharrow	OEGREE Phy	ending Med. Ste rs. Director Ph	off or	23 May 1972
28C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	4	
ROBERT E. SHARROCK	MD	3900 Loch Raven B	lvd., Balt	o., Md. 21218
	IAME of CEMETERY or CR			ity, town, or county) (State)
REMOVAL (Specify)	1			
Burial 5-27-1972 Ar	butus Memor	1al Park Bal	timore (Co., Maryland
1101/07 2000 0 .				
WAY 24 1972 12 02 05 2 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	of D. C.	NUTTER FUNER	AL HOME	3035 W. NORTH AVE
	The same of the sa			



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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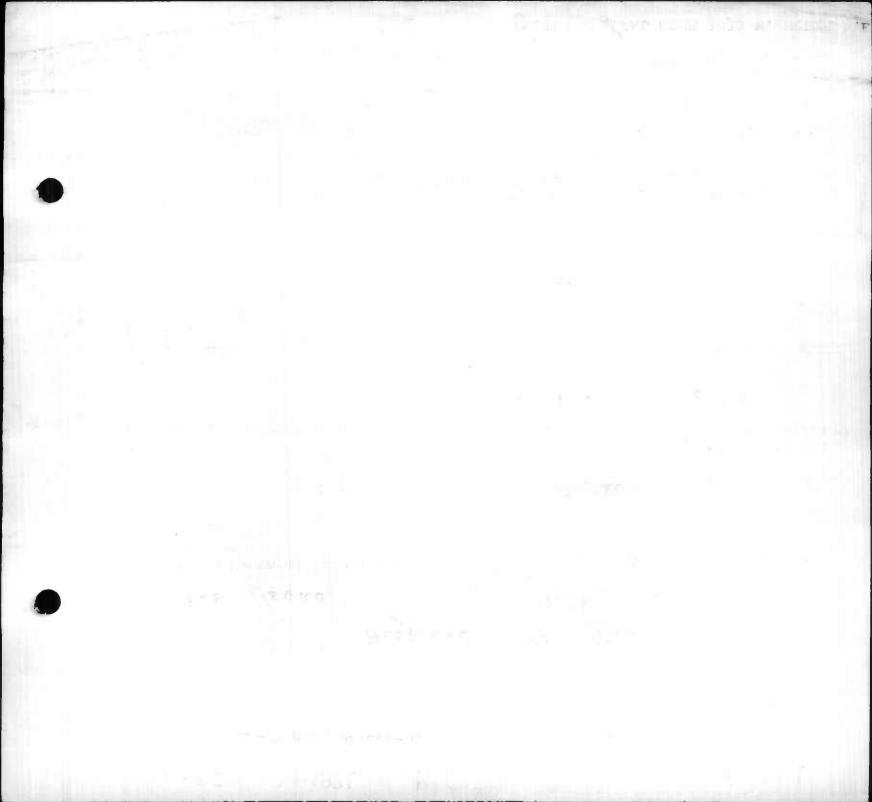
5-530	72 04930	BALTIMORE CIT	TY HEALTH DEPARTMENT	72 04930
000		CERTIFIC	ATE OF DEATH REG. NO.	.~ 01000
NAME OF DECEASED			2. DATE AND HOUR OF DEA	TH
NAME OF DECEASED A	MITH, JO	SEPH.P.	5-2	3-721 919Am
S. PLACE IN BALTIMORE, M		DUNCED DEAD	A. STATE B. COUNTY	If institution residence before admission)
FULL NAME OF (IF NO	TENI NO LATIFICON IN T	TUTION. GIVE STREET	Maryland	1504
MOITHTEN	T IN HOSPITAL OR INSTI			INSIDE CITY LIMITS?
Pro	vident Hospit		Baltimore E. STREET AND NUMBER	YES NO
	O Liberty Hei			
	timore, Md. 2		2101 Bryant Ave.	
SEX 6. RACE		NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years lost birthday)	Months Days Hours Min.
Male Negro	WIDOWE		1 -4-28-1903 69 RY III BIRTHPLACE (State of foreign country)	12, CITIZEN OF WHAT COUNTRY
one during most of working life,		of sounces or moosi	A THE STATE OF COUNTY	THE OF WHA!
waiter	B &	0	, La .	U.S.A.
3. FATHER'S NAME			14. MOTHER'S MAIDEN NAME	
Thomas Stan			Mary Freeman	
5. Was Deceased Ever in U. Yes, no or unknown) (If yes, giv	S. Armed Forces? we war or dates of service)	SECURITY NO.	17. INFORMANT	ADDRESS
No		217-14-2213	Mrs. Aurelia J. Smith	2101 Bryant Ave.
18, 4/0,4	1	CAUSE OF DEA	MH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	NOITION DIRECTLY		C 1	k 34 P.
	TO DEATH he mode of dying, e.g	(A) IMMEDIATE C	AUSE Cardrogene Thoc	2 Lynes
heart failure, asthonia, e	ic, it means the disease	by DUE 10, OR A	S A CONSEQUENCE OF	
Injury or complication w			My gill	+ -
	NT CAUSES	(B)	AS A CONSEQUENCE OF:	relan
	TIONS, If any, givin cause (A) stating th	g DUE 10, OK 2	AS A CONSEQUENCE OF	
UNDERLYING CONDITI		(c)		
z		ASC	1/7	
OTHER SIGNIFICANT CONTONION OF THE DEATH BUT NOT DISEASE OR CONDITION	RELATED TO THE TERMINAL	17/3		
DISEASE OF CONDITION	N 19% CONDITION FOR	WHICH OPERATION	20A-AUTOPSYZ (Yes or No.) 208, IF YES, W	ERE FINDINGS CONSIDERED
19A-DATE OF OPERATION	WAS PERFORMED		NO IN CERTIFYING	CAUSES OF DEATH?
OR CONTRIBUTING	NDERLYING 2	B. PLACE OF INJURY (e.g.	in or about 21 C. WHERE DID (If in Bot office bldg. INJURY OCCUR?	timore City, give exact location)
DEATH (notify medical ex	omined et	c)		- C
OF INJURY (Month)	(Day) (Year) (Hour) 21	& INJURY OCCURRED	21F. HOW DID INJURY OCCUR	
(APPROX.)	V.	/hile At Work At Wo	hife 🔲	
22. I certify that (I) (t				V. 23 1972
			23 19 22 and that In(my) (our)	
) view the body after deoth.	opinion deam accorda on the dor
23A. SIGNATURE	conses stoted opove.	(i) (we) (did) (did not)	view the body diter deoth.	23B, DATE SIGNED
1	.T. Sh		hys. Med. Staff Phys.	5.23.72
23C. PHYSICIAN'S		DEGREE P	Director Phys. W.1	1. 231/
NAME (Type)				
M. Si	nafi M.D.	DEGR	Provident Hospital 2600 CREMATORY 240. LOCATION	(City, town, or county) (State)
REMOVAL (Specify)				(2)(1) towing or constitit (2)(16)
	5-26-72 Ar	butus Memor	ial Park Baltimore	Co., Maryland
MAY 24 1972	Passer E. Jack	OF REGISTRAR		
10/15	Manera L. Mark	7. T. C. O.	NUTTER FUNERAL HOM	E 3035 W. NORTH A
S 150-REV. 1/1/68		Page 1	I O I has been	



and the the	
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
a hos cause se; (5) andan	
ting d cau r atte prior e.	
occurr intribu rmine egula ased is mad	
or condete	
irect (4) U (4) U was the isposi	
the d kind; death nce or	
so, if of any of any or endared or f	
thre or att	
A fractory by the present regularies	
s; (3) sin vas in	
medic burn physic an we	
by a body a the hysicire the	
by the pital li re; (2 where No p	
e hosi r natu ccept nd (6)	
of any al (e)	
eased eased ident hospit nospit must	
as rel as rel at a l rior to	
ertific ody w :: (1) A 0.0.A. sed p	
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death), and before the remains are embalmed or final disposition is made.	-

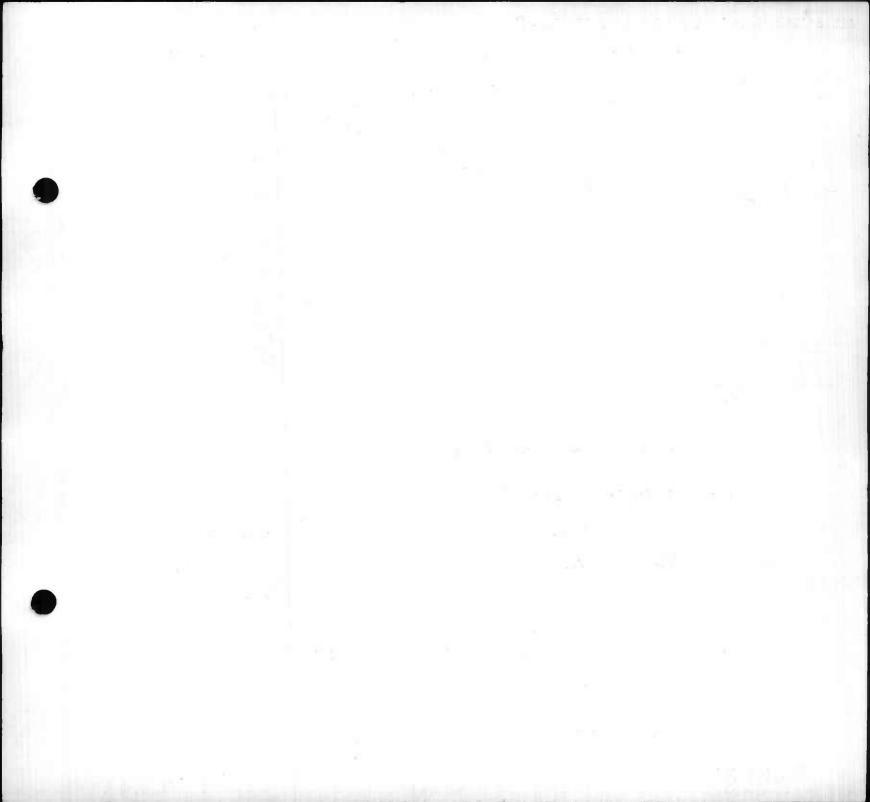
2-350 72 04931 BALTIMORE CITY HEALTH DEPARTMENT	DADDAL CO
BIRTH NO. CERTIFICATE OF DEATH	72 04931
Type or Print LATHAM, WILLIAM 2. DATE AND HOUR OF DEATH 5/23/72	1 12.20 Au
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased fived, if institutions) A. STATE B. COUNTY	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET MARYLAND	1506 ECITY LIMITS?
HOSPIZAL HOSPIZAL PORE 1710 ASHOURTON	VES NO
S rev	STREET
MALZ NECRO WIDOWED DIVORCED 1-17-38 iast bightday!	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
done during most of working life, even if refired)	12. CITIZEN OF WHAT COUNTRY?
Route Saleman-milkman Cloverland MARY AND	USA
Joseph Latham Id. MOTHER'S MAIDEN NAME Elizabeth Stewart	
15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war ar doles af service) SECURITY NO. 17. INFORMANT	ADDRESS
yes 9-56 to 10-58 212-34-5357Mrs. Mary Latham 1710 A	shburton St.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH CAT MUTTERSTANDING	BETWEEN ONSET AND DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	3 1117.
ANTECEDENT CAUSES ACUTE Fulminating Pancier	Tine
DISEASES OR CONDITIONS, if ony, giving (B) DUE TO, OR AS A CONSEQUENCE OF:	
rise to the above cause IA) stating the UNDERLYING CONDITION last. (C)	

O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************
19A. OATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FIN WAS PERFORMED IN CERTIFYING CAUSI	DINGS CONSIDERED
U 21 A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, farm, factory, street, office bldg., INJURY OCCUR?	ity, give exoct lacation)
21D. TIME (Month) (Doyl (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
While At Wark	
22. 1 certify that (1) (this hospital) attended the deceased from 5/2-1/ 19 72 to 5	723/ 1972
that (1) (we) lost saw the deceased alive on 5/23 / 1972 and that in (my) (aur) apinio	n deoth occurred on the dote
and hour ond from the couses stated obave. (1) (We) (did) (did not) view the body ofter death.	
	B. DATE SIGNED
Attending Med. Staff Director Phys.	5123/72
23C. PHYSICIAN'S NAME (Type) Shrikumar S. Dongre 730, Ashburtan St. 1	3 al timore md. 21216
24A. BURIAL CREMATION, REMOVAL (Specily) 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City,	lawn, or countyl (Stote)
Burial 5-27-72 Arbutus Memorial Park Baltimore Co	o.,,Maryland
25A. DATE REC'D BY HEALTH DEAT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR	ADDRESS
VS 150-REV. 1/1/68	USS W. NUKTH AVE



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	4-430	72 04	939		HEALTH DEPARTMENT	REG. NO	72 04932
1.1	TH NO.	SED		CERTIFICA		D HOUR OF DEATH	
СТУ	HELEN HOLT					0, 1972	1 /
3.	PLACE IN BALTI	MORE MARYLAND, W	HERE PRONOUN	ICED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If in	stitution: residence before admission)
HO	ILL NAME OF OSPITAL OR STITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITUT	ION, GIVE STREET	MARYLAND c. CITY OR TOWN	D. INSI	DE CITY LIMITS?
1	+ 3 sc	OUTH BALTIMO	RE GENERA	AL HOSPITAL	BALTIMORE E. STREET AND NUMBER	TELL DOAD	YES NO
5.	SEX 6	RACE	7. 44 A DDIED (Y	NEVER MARRIED	212 BRIDGEV	9. AGE (In years	If Under 1 Yr If Under 24 Hrs.
F	EMALE	NEGRO	WIDOWED	DIVORCED		lost birthdoy) 63	Months Doys Hours Min.
104	USUAL OCCUP	ATION (Give kind of work	IOB, KIND OF B		11. BIRTHPLACE (State or forei	gn country!	12. CITIZEN OF WHAT COUNTRY?
901	HOUSEWII				NEW WINDSOR	ΜΔΡΥΙ ΔΝΠ	USA
13.	FATHER'S NAME				14. MOTHER'S MAIDEN NAM		USA
	GRANT	F BRIGHTFUL			KATE THOMPS	ON	
15. (Ye	Wos Decoosed Ex	ver in U. S. Armed Ford I yos, give wor ar dote	es?	6. SOCIAL	17. INFORMANT		ADDRESS
	NO	. you, give wor at tole		SECURITY NO. 216-32-8304	ANN HOLT 212	BRIDGEVIEW F	ROAD
ATION	(This does not heart foilure, as injury or campli AN DISEASES OR rise to the UNDERLYING	OR CONDITION DIS ADING TO DEATH meon lhe mode of clihenio, etc. Il means icalian which caused ITECEDENT CAUSES CONDITIONS, if obove couse (A) CONDITION lost, II ANT CONDITIONS COI BUT NOT RELATED TO THE	dying, e.g., the disease, deoth.) ony, giving sloling the	(A) IMMEDIATE CAU DUE TO, OR AS	OCAPOVAL SE A CONSEQUENCE OF: A CONSEQUENCE OF:	INFARCTION C-V	
ERTIFICA	DISEASE OR CON	PERATION GIVEN IN PART 198 CONI WAS PERF	I (A).	ICH OPERATION	20A. AUTOPSY? (Yes ar No)	208. IF YES, WERE F	FINDINGS CONSIDERED USES OF DEATH?
CALC	21 A. ACCIDENT OR CONTRIBUTION DEATH (notify m	WAS UNDERLYING DISCOURSE OF edicol exemined	21 B. PL home, etc.)	ACE OF INJURY (e.g., in form, foctory, street, off	or obout 21C, WHERE DID	(if in Baltimore	e City, give exoct location)
MEDI	21 D. TIME (A OF INJURY (APPROX)	Month) (Doyl (Yeor)	(Hour) 21E IN White Work	AI Work	21F. HOW DID INJU	JRY OCCUR?	
	that (I) (we) la	at (1) (this hospital) st saw the decease rom the causes state	d alive an	We) (did) (did not) vi	ew the bady after death.	. 0	slan death accurred an the date
	22C BUYELEI A.	the	von	DEGREE Phys.		Staff Phys.	
	NAME (Type	JOHN S	· VS PA	RATIN JR, DEGREE	3D. ADDRESS 4432 PA	PK HT3.	AVO SAUT, MO
24A	REMOVAL (Spo	ATION, 24B, DATE		E of CEMETERY OF CRE		CATION (Cit	y, town, of county) (Stote)
25	BURIAL	5-23-7		R HILL CEMET		.A. COUNTY,	MARYLAND
25A	DATE REC'D BY	HEALTH DEPT.	25B NAME OF	REGISTRAR	25C, FUNERAL DIRECTOR		ADDRESS
VS	150-REV. 1/1/68	TOP TOWN	E. These	ACD, U	ARLINGTON S. PI	HILLIPS-1721	N. MONROE ST-21217



BIRTH NO. 72 04933 CERTIFI	
BROOKS, MARY MARGARET	
3. PLACE IN BALTIMORE, MARYEAND, WHERE PRONOUNCED DEAD	
3. PLACE IN BALTIMORE, MARYEAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	
ST AGNES HOSPITAL	
5. SEX 6. RACE 7. MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED	
FEMALE NEGRO WIDOWED X DIVORCE	
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDI- done during most of working life, even if retired) HOUSEWIFE	USTRY
13. FATHER'S NAME	
LEVI CHAMBERS	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (III yes, give wor or dotes of service) NO	
18. 4/0 7 I CAUSE OF	DEATI
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	
injury ar complication which caused death.)	1
DISEASES OR CONDITIONS, if any, giving DUE TO,	1
rise to the above cause (A) stating the	OR AS
UNDERLYING CONDITION last. (C)	
O THER SIGNIFICANT CONDITIONS CONTRIBUTING	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) U 01A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY home, form, foctory, str	
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRE OF INJURY While AI	D
	Whil Work
22. I certify that 💢 (this haspital) attended the deceased fram	
that (X (we) last saw the deceased alive an05/20/72	
and haur and from the causes stated above. (We) (did) (4)4	KX) _v
23A. SIGNATURE	Atte
23C. PHYSICIAN'S DEGREE	Dhyd
NAME (Type) E ITATSU HENZAN MD	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CRE
Arbutus M	em.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF PLEEUS R	
MAY 25 19/2 3666 1 1966 1	7

2 125	BALTIMORE CITY	HEALTH DEPARTMENT		70 04000
72 04922	CERTIFICA	TE OF DEATH	REG. NO.	72 04933
TH NO.		2. DATE AND HO	OUR OF DEATH	
BROOKS, MARY MAR		MAY 20	, 1972	8:05AM M.
PLACE IN BALTIMORE, MARYLAND, WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Where dec	eased lived. If institu	ition: residence before odmission)
LL NAME OF (IF NOT IN HOSPITAL OR INSTIT OSPITAL OR ADDRESS OR LOCATION)	UTION, GIVE STREET	MARYLAND c. City or town	In INSIDE	CITY LIMITS?
		241 7111025		s 🕅 NO 🗆
ST AGNES HOSPIT	AL	E. STREET AND NUMBER		
		227 EDGEWOOD	STREET 21	229
EX 6. RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH 9. AC	E (In years II	Under 1 Yr. If Under 24 Hrs.
FEMALE NEGRO WIDOWED	DIVORCED		84	
	BUSINESS OK INDUSTRE		ountry)	2. CITIZEN OF WHAT COUNTRY?
HOUSE WIFE		MARYLAND		USA
FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
LEVI CHAMBERS		DONNA YOUNG		
Was Deceased Ever in U. S. Armed Forces?		17. INFORMANT		ADDRESS
NO	SECURITY NO.	ST AGNES HOSP	ITAL BALT	0 MD 21229
18. 11/0/1	CAUSE OF DEATH		ARREST	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY				THE THE CHOCK AND DEATH
LEADING TO DEATH	(A)IMMEDIATE CAU	E Cocette man	carelia	2 startson
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO, OR AS	CONSEQUENCE OF:	A.M. VALLEDON NO. M.	
injury ar complication which caused death.)				
ANTECEDENT CAUSES	A.	SCVD.		
DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS	A CONSEQUENCE OF		
rise to the above cause (A) stating the UNDERLYING CONDITION last.		orgestive fre	at Far	line
	(C)	700		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE TERMINAL				
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B	IF YES, WERE FINE	DINGS CONSIDERED
WAS PERFORMED		IN	CERTIFYING CAUSE	S OF DEATH?
	PLACE OF INJURY (e.g., in		(If in Boltimare Ci	ity, give exact lacation)
OR CONTRIBUTING CAUSE OF hom	ne, form, foctory, street, of	ice bidg., INJURY OCCUR?		
21D. TIME (Month) (Doy) (Year) (Hour) 21E	. INJURY OCCURRED	21F. HOW DID INJURY	OCCUR?	
OF INJURY	ile At Not While		o c c o n.	
(A PPROX.)		Ш		
22. I certify that 💢 (this haspital) attended t	he deceased fram	05/10/72 19	1005/2	20/72 19
that (X (we) last saw the deceased alive an	05/20/72			
and have and from the causes stated above.	(We) (did) (XXXX) v	lew the bady after death.		
23A. SIGNATURE			23	B. DATE SIGNED
Giften ex.	After Phys	nding Med. Staff	20	
23C. PHYSICIAN'S	DEGREE	3D. ADDRESS		
NAME (Type) EITATSU HENZAN ME		ST ACNES HOSPIT	AL DALTO	MD 21220
	AME of CEMETERY OF CRE	ST AGNES HOSPIT		lown, or county) (Stole)
REMOVAL (Specify)	Arbutus Mem.			
Burial 5-24-72			timore, Mar	
DATE REC'D BY HEALTH DEPT. 258. NAME	or Autusa	25C. FUNERAL DIRECTOR		ADDRESS
MAY 23 BIC GO YAM	2.000	Ardington S. Phi	llips 1727	N. Monroe Street
150-REV. 1/1/6B		0		

ST AND SECURE SHIPS IN

PEARL CHANNELS

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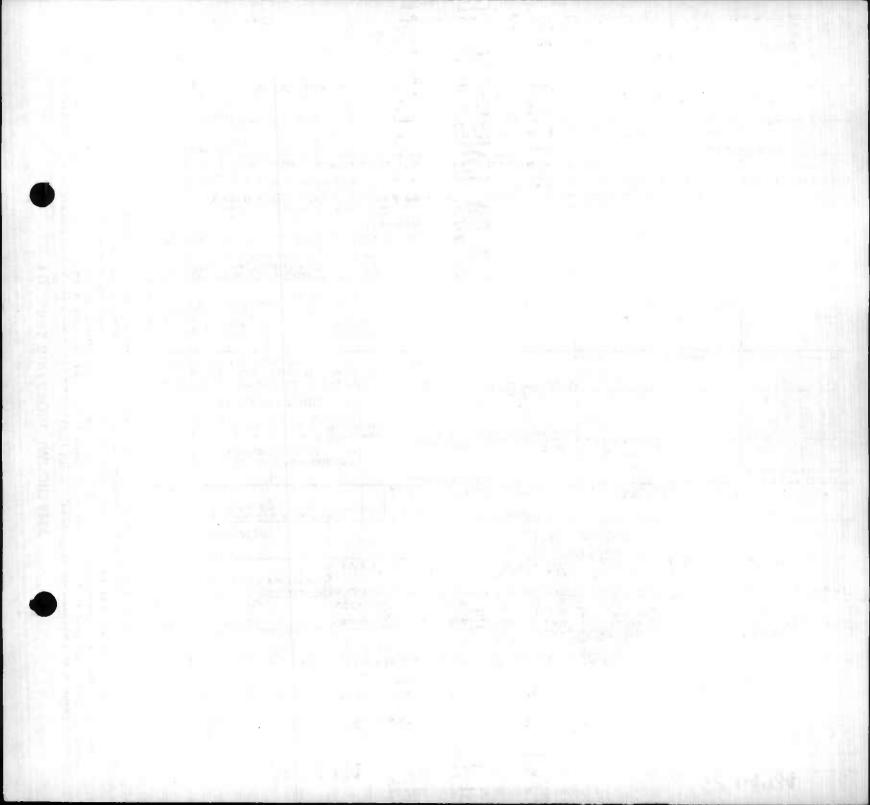
TYPE COSE MONEY PROTECT STORY

123 FORES MOST 183 L CALCO NO 21325

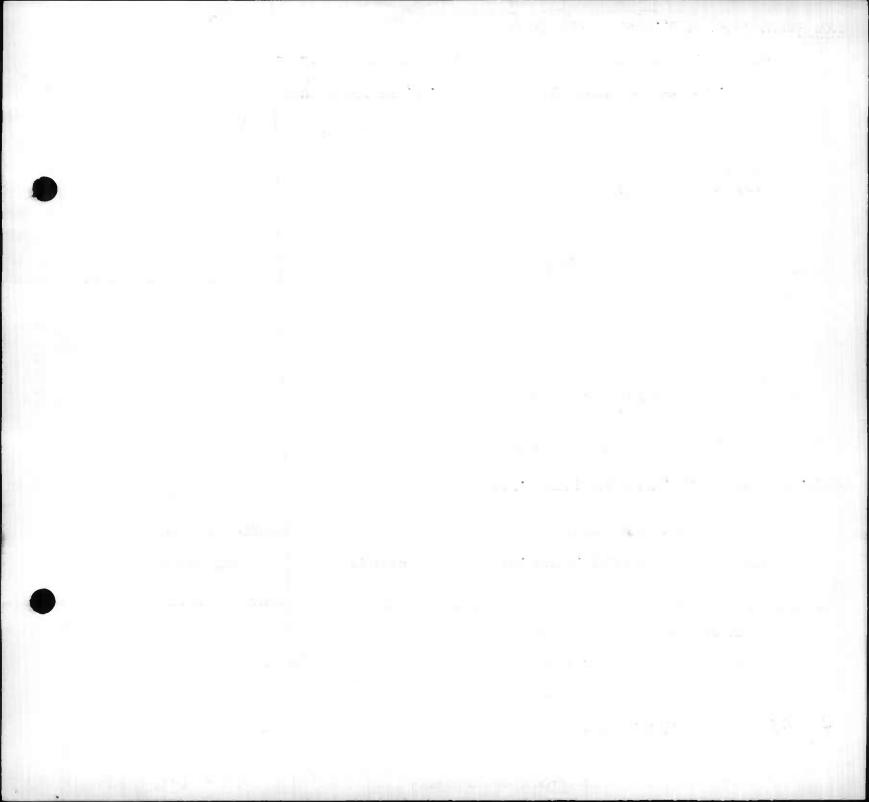
Eligien Wenton to I William Marke a Modellor more of the title

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

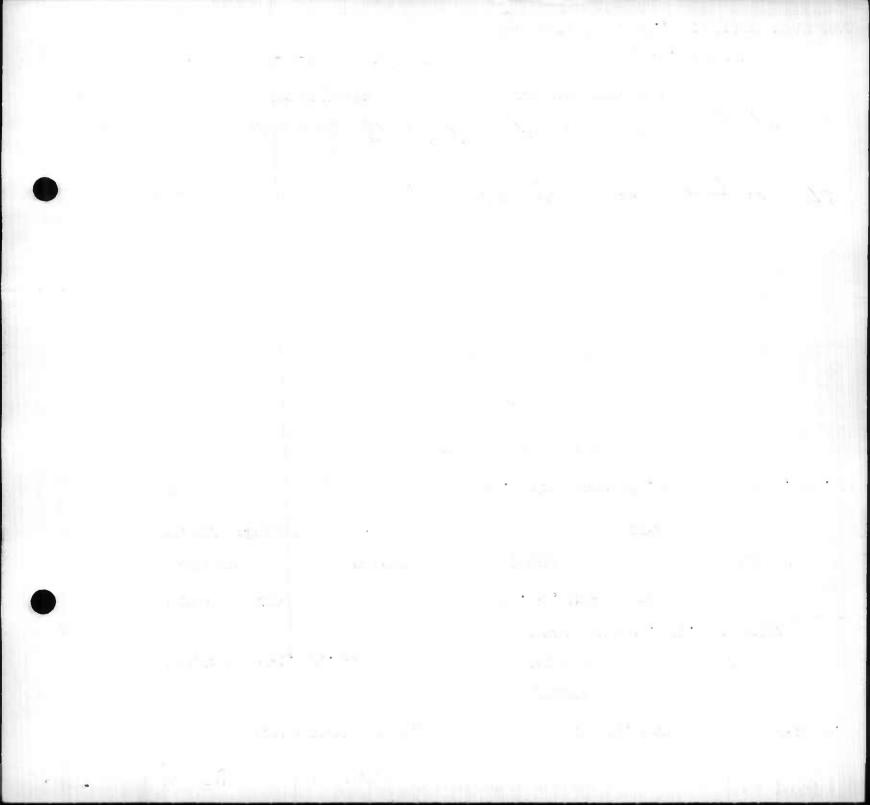
11 110	BALTIMORE CITY	HEALTH DEPARTMENT		0.04004
BIRTH NO. 72 U4934	CERTIFICA	TE OF DEATH	REG. NO.	2 04934
1. NAME OF DECEASED (Type or Print)		2. DATE AN	D HOUR OF DEATH	1 8:30 n.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	CED DEAD	4. USUAL RESIDENCE (When	e deceased lived, if inst	itution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	ON, GIVE STREET	MARYLAND		E CITY LIMITS?
- Provident Hospital	Complex	BALTIMORE E. STREET AND NUMBER		YES NO NO
3/	/	5308 Liber	ty Heigh	ts AUE
5. SEX 6. RACE 7. MARRIED WIDOWED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH		If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BU		11. BIRTHPLACE (Slote or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
13 FATHER'S NAME	profes	CHARLOTTE, COL	intry, VA	U.S
Green Love		Lila Foreste	ar ar	
15. Was Deceased Ever in U. S. Armed Forces?	SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unknown) (If yes, give war or dates of service)	SECURITY NO.		2200 Liboutu	
NO 18. 44 / 2 2 1	CAUSE OF DEATH	Margaret Love 3	3308 Liberty	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		A ./.	0-	BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e.g.,	(A) IMMEDIATE CAU		tinsine	Jeans -
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	DUE TO, OR AS	A CONSEQUENCE OF:		10
ANTECEDENT CAUSES	UAC	COID		1/
DISEASES OR CONDITIONS, if any, giving	(B) DUE TO, OR AS	A CONSEQUENCE OF:	***************************************	y can
rise is the above cause (A) stating the UNDERLYING CONDITION last.	(c)			
11	(0)			
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING E TO THE DEATH BUT NOT RELATED TO THE TERMINAL OLISEASE OR CONDITION GIVEN IN PART 1 (A).	**********************			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 199-ADATE OF OPERATION 198 CONDITION FOR WHITE WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 1	CH OPERATION	20A. AUTOPSY? (Yes or No)	20B, IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS CONSIDERED
	CE OF INJURY (e.g., ir onn, factory, street, of	or about 21 C. WHERE DID	(If In Boltimore	City, givs exoci location)
OF INJURY (APPROXI OF INJURY OF INJURY (APPROXI OF INJURY (APPROXI OF INJURY OF INJURY (APPROXI OF INJURY OF INJURY (APPROXI OF INJURY OF	Not While	215. HOW DID INJU	IRY OCCUR?	72.4
22. I certify that (I) (this hospital) attended the d		MARCH 6 1	972 to MA	4 20 10 74
	44420	19 7 2 and tha	t in(my) (aur) apinio	on death occurred on the date
and hour and from the causes stated above. (1) (W	(e) (did) (did not) vi			
23A. SIGNATURE	0			3B, DATE SIGNED
Whombah.	DEGREE Phys	nding Med.	toff Nhys .	5/26/72
23C.PHYSICIAM'S NAME (Type)	2 70	3D. ADDRESS		1/0
24A. BURIAL CREMATION, 24B. DATE 24C. NAME	DEGREE OF CRE	MATORY 24D. LO	HOSPITAL	BALTO MY town, or county) (State)
Burial 5-24-72 Maryl	and National		ral. Maryland	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF R	EGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
WAY 25 19/2 Jabes C., Jacobs, VS 150-REV. 1/1/68	27600	Arlington So I	Phillips 172	7 N. Monroe Street



	W-200 IH NO.	72	04935	CERTIFICA	TE OF DEA		REG. NO	72	04935
	AME OF DECEASED	JANE WIS	E		2.		21, 1972	1	1 1015 0
3.	PLACE IN BALTIMORI	E MARYLAND, WI	HERE PRONOL	INCED DEAD	4. USUAL RESIDE	NCE (Where	deceased lived. If	institutions	residence before odmission
HC	LL NAME OF (III	F NOT IN HOSPITA DDRESS OR LOCA	L OR INSTITUTION	ITION, GIVE STREET	MRYL.		D. IN	SIDE CITY	27 50
	3204 FALLST	TAFF ROAD			BALT	IMORE		YES X	
	00				E. STREET AND N		TAFF ROAD	#2121	5
5. \$			MARRIED [NEVER MARRIED	8. DATE OF BIRTH	19,	AGE (In years		for 1 Yr. If Under 24 Hrs. Proper Doys Hours Min.
in A		WHITE	WIDOWED	BUSINESS OR INDUSTRY	12/10/1	9/2	58		
don	during most of working	life, even if refired)	AT H					12. CI	TIZEN OF WHAT COUNTRY
13.	FATHER'S NAME		АІ П	ONIE	FT. WAYN				USA
	ABRAHAM OCH	HSTEIN					CHWARTZBRA	UN	
15. Yes	Vos Deceosed Ever in	U. S. Armed Force	es? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT				ADDRESS
	NO	A STATISTICS		JECONIII NO.	MRS. RACHI	EL EELJ	DSTEIN, 22	04 CH	ILLAM RD.#2120
	LEADII	CONDITION DIRI		CAUSE OF DEATH	murca	ndial	infaro	tien	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	(This does not med heart failure, astheni injury or camplicatio ANTECI	a, elc. il means	he diseose,		CONSEQUENCE OF		15 Lens		540
	DISEASES OR CO rise to the above UNDERLYING CON	e couse (A)	ny, giving sloling the	(B) DUE TO, OR AS	A CONSEQUENCE C	OF:			
ATI	OTHER SIGNIFICANT OF THE DEATH BUT NO DISEASE OR CONDITIONS OF THE OF TH	NOT RELATED TO THE	E TERMINAL	49001-11111-1111-1111-1111-1111-1111-111	77 - 25 - 25 - 25 - 25 - 25 - 25 - 25 -				***************************************
CERTIFIC	O OF OFERA	WAS PERFO	RMED	HICH OPERATION	20 A. AUTOPSY?	Tes or No	20B. IF YES, WERE IN CERTIFYING CA	FINDING:	S CONSIDERED DEATH?
CAL	21A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medical	UNDERLYING DICAUSE OF CAUSE OF	21B. (home	PLACE OF INJURY (e.g., in , form, foctory, street, off	or about 21 C. WHEI	RE DID C CU II?	(il In Boltimo	re City, gi	ve exoct locotion)
7	21D. TIME (Month OF INJURY (APPROX.)	l (Doyl (Yeor)		Not While		וטנאו פופ	RY OCCUR?		1
-	22. I certify that (I) (this hospital)			3/5	19	19	3	61 12
- 1	that (i) (we) last so			5/2	2 19 75		7	Inlan dea	1919
	and hour and from t	the causes state	d above. (1)	(We) (did) (did not) vi	ew the body ofter		,(), () op		The deliver of the deli
	23A. SIGNATURE 22 Men	mue F	ilds	Atter	ding Med.	or Se	off D	238. DA	TE SIGNED
	NAME (Type)	MAURI	CE FELDI	2	3D. ADDRESS 6610	CROSS	COUNTRY B	LVD.	1
24A	BURIAL CREMATION			ME of CEMETERY OF CRE		24D. LOC		ily, lown,	or county) (State)
	BURIAL	5-23-72	NEW	HAR SINAI		1	INGS MILLS	• .	
15A	AAY 9.5 1972	ALTH DEPT. 2	Jaber		SOL LEVI		BROS.,601	O REI	ADDRESS STERSTOWN ROAL



B-65	52 72	0493	0	HEALTH DEPARTMENT	REG. No	72	04930	6
BIRTH NO.	DECEASED				ND HOUR OF DEAT	H		
(Type or Print)	LENA (LI	BBY) BO	DRNSTEIN	MAY	21, 1972	1	6:35	P.M
3. PLACE IN	BALTIMORE, MARYLAND,			4. USUAL RESIDENCE (WHA. STATE B. COU	ere deceased lived If	institution: res		dmission
FULL NAME	OF (IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INST	ITUTION, GIVE STREET	MARYLAND			27 4	10
HORUTITZHI				C. CITY OR TOWN	D. IN	SIDE CITY LIM		
2904	TANEY ROAD, AP	T. 2A		BALTIMORE E. STREET AND NUMBER		YES X	ио 🗌	
00				W 47 W 4 W 1 LANG 47	TO A DA A DA	2 4 40	11200	
5. SEX	6. RACE	7. MARRIEI	NEVER MARRIED	8. DATE OF BIRTH	P. AGE (In years			r 24 Hrs.
FEMAL	E WHITE	WIDOWE	= =	DEC. 15, 1884	last birthday) 87	Months D		Min.
IOA, USUAL O	CCUPATION (Give kind of wo	k 108 KIND		11. BIRTHPLACE (State or los	reign countryl	12. CITIZE	N OF WHAT C	OUNTRY
ione during mos	t of working lile, even if retired)							
HOUSE		AT	HOME	RUSSIA		US	SA	
				MOTHER'S MAIDER N				
	EL BORDANSKY				ESTHER	?		
Yes, no or unknown	sed Ever in U. S. Armed Fa own) (If yes, give war ar do	rces? les af service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		-	ADDRESS	
NO				MR. JOSEPH BORN	NSTEIN 2904	TANEY	ROAD AT	PT 2
18. 1/	12,20		CAUSE OF DEAT		io-salit, abou		APPROXIMATE IN	TERY AL
Dis	EASE OR CONDITION D		1.1.	inclematic CV	1:		TWEEN ONSET A	ND DEATH
479.50 4	LEADING TO DEATH	•	/ANIMALEDIATE CAL	SE SECTION OF CONTRACTOR	. a sexu			
heart failu	s not mean the mode of tre, asthenia, etc. it means	s the discos	TO OF AS	A CONSEQUENCE OF:				
injury or o	complication which cause	d death.)	4.9	Er Lusion		1		
	ANTECEDENT CAUSE	S	(8)	in francisc				
DISEASES	OR CONDITIONS, if	ony, givin	DUE TO, OR AS	A CONSEQUENCE OF:				
	the obove cause (A)	stating th	· w BK	no clemin				
			(C)					
OTHER SIG	II NIFICANT CONDITIONS CO	NTRIRITING				- 1		
TO THE DI	EATH BUT NOT RELATED TO	THE TERMINAL	***************************************					
	R CONDITION GIVEN IN PA OF OPERATION 198 CON	NDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or h	O 208 IF YES WERE	FINDINGS C	ONSIDERED	
	WAS PER	FORMED			IN CERTIFYING C.	AUSES OF DE	ATH?	
OR CONTR	DENT WAS UNDERLYING UBUTING CAUSE OF	21 ha	B. PLACE OF INJURY le.g., i me, farm, factory, street, al	or about 21C. WHERE DID fice bidg., INJURY OCCUR?	(II In Boitime	ore City, give	exact location)	
21 D. TIME	(Manth) (Doy) (Year)	[Hout 21	& INJURY OCCURRED	21F. HOW DID IN	THEY OCCUP			
S OF INJURY	, , , , , , , , , , , , , , , , , , , ,		Thile At Not White		JUNT OCCUR			
(APPROX)		W	OIK — AT TOOK					
22. I cert	ify that (1) (this hospito	l) attended	the deceased from	mand 11	19 60 to	may!	2/ 19.	12
thot (i) (w	re) last saw the deceas	ed olive an	may/ 20	19 7 Y ond t	hat In (my) (aur) op	inian death	occurred on	the date
and have	and from the causes sta	ited obove.	(i) (We) (did) (did nat) v	iew the bady after death,				
23A. SIGNA		1	11 1 6			23B, DATE	SIGNED	
	Mathan	16. A	10 dle MAAHO	Med.	Staff Phys.	5/2	2./201	
23C. PHYSIC	CIAN'S	0, 10	ald DEGREE Phys	23D. ADDRESS	Phys. Lad	92	712	
NAMI	(Type) NATHAN	NEEDLE	1	6506 PARK HE	TIGHTS AVENU	IF.		
24A. BURIAL C			DEGREE					10
REMOVA	L (Specify)		AME of CEMETERY of CRE			City, town, or		(Stote)
BURIA			AI ISRAEL		BALTIMORE, M	IARYLAND		
ZOA. DATE REC	TO BY HEALTH DEPT.	25B. NAME	of registran	25C, FUNERAL DIRECTO		10 pric	ADDRESS	I DOA
MAY	25 472 James	EN HARL	- 1. C	SOL DEVINSON	9 BRUS., 60	TU KEIS	TERSTOW	N KUA
VS 150-REV. 1/	1/68							



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are embalmed or final disposition is made.

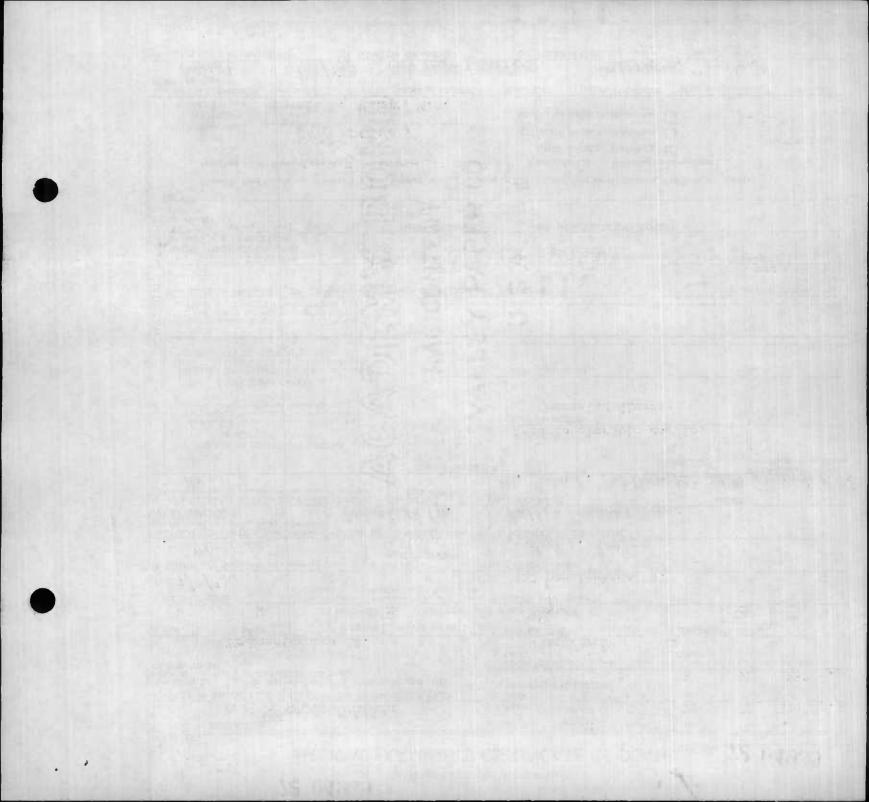
	P 3 AS BALTIMOR	E CITY	HEALTH DEPARTMENT
	72 04937 CERTIF	ICA	TE OF DEATH REG. NO. 72 04937
	NAME OF DECEASED		2. DATE AND HOUR OF DEATH
	Typo or Print) ROTHSTEIN GUS		5-21-73 12.100 4
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD		A. STATE MARY LAND
- 11	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREINSTITUTION ADDRESS OR LOCATION)	ET	TAXIXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
1	NSITUTION		D. INSIDE CITY LIMITS? YES NO T
1	SINA HOSPITAL BARTINGS	E.	E. STREET AND NUMBER
			X 5906 PARK HEIGHTS AVENUE, APT. 106
	6. RACE 7. MARRIED NEVER MARRIE	ED 🗌	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours Min.
	OA. USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINESS OR INC		2-14-95. 77
	lone during most of working life even if retired) CLOTHING CILLIER CALVERT CLOTHE		11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	LOTHING CHUTER CALVERT CLOTHE 3. FATHER'S NAME	10	BALTIMORE, MARYLAND USA
II.	LOUIS ROTHSTEIN		14. MOTHER'S MAIDEN NAME CECELIA ?
1	5. Wos Deceosed Ever in U. S. Armed Forces? 16. SOCIAL		
l c	Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.		EATON HALL APTS., APT. 106
ŀ	YES W.W. I ARMY 215-01-64		MRS. SADIE ROTHSTEIN, 5906 PARK HEIGHTS AVE.
II	DISEASE OR CONDITION DIRECTLY	DEATE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I	LEADING TO DEATH	TE CALL	SE COMA. + 2 Marks
I	This does not meon the mode of dying, e.g., heart lailure, asthenia, etc. It means the disease,	OR AS	A CONSEQUENCE OF:
	injury or camplication which caused death.)		
I	ANTECEDENT CAUSES	· U.	A. auch 171 - resuscital
l	DISEASES OR CONDITIONS, if any, giving DUE TO, rise to the above cause (A) stating the	OR AS	A CONSEQUENCE OF:
	UNDERLYING CONDITION lost. (C).	spai	aling top infation
1	z II		
1.4	O TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
	CIDISEASE OR CONDITION GIVEN IN PART (A)		20A. AUTOPSY? (Yes or No.) 20B. IF YES. WERE FINDINGS CONSIDERED
	19A. DATE OF OPERATION 19R. CONDITION FOR WHICH OPERATION WAS PERFORMED		20A-AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
1	21A. A CCIDENT WAS UNDERLYING 21B. PLACE OF INJURY	reet off	or obout 21C, WHERE DID (If in Boltimare City, give exact location)
ш	DEATH (notify medical examiner)		
	21D.TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRE	-	21F. HOW DID INJURY OCCUR?
ľ	[[APPROX.]	While Work	
	22. 1 certify that (i) (this hospital) attended the deceased from	1	5-5 1922 10 5-21 1922
	that (i) (we) last saw the deceased alive an 5-2/		1922 and that in(my) (aur) apinion deoth accurred on the date
	and haur and fram the causes stated abave. (1) (We) (did) (did	nat) vi	ew the bady after death.
	23A. SIGNATURE		23R DATE SIGNED
	DENNIS GROLIAN 17 D DEGRE	nt.	ding Med. Stoff Phys. Stoff 5-2/-22
	23C.PHYSICIAN'S NAME (Type)	2	3D. ADDRESS
Ĺ	DR T ZINBERG	GEGREE	BATINGAENI).
2	4A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY		
	BURIAL 5-23-72 BETH YEHUDA A	ANSHI	
12	MAY 25 1972 Uses 4 Same of registrar		25C. FUNERAL DIRECTOR ADDRESS SOIL LEVINGON & RROS 6010 REISTERSTOWN ROAD
I	MINI NO DIE CONSTRUCTOR (SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD

2-2 35 7:-35 A.P. 73 MAYS. Day India .

-	T /	17.7	1938	BALTIMORE C	TY HEALTH	DEPARTMENT	~ .			
/	1-656	15	1000	CERTIFIC	ATE O	F DEATH	REG. N	0	> PACE	CS.
	H NO.			^		2. DATE 4	ND HOUR OF D	FATH	6 1 1 UC	45
	e or Print) TRA	MER	DR.	TRNOLD		21	14A4	72	1 4	- A.M.
3. P	LACE IN BALTIMORE, M				4. USUA	L RESIDENCE (WHE	NTY	d. Il institution	residence befor	odmission)
HO	L NAME OF (IF NO SPITAL OR ADDR	T IN HOSPIT	TAL OR INSTITATION)	UTION, GIVE STREET		ARYLAND OR TOWN	141	. INSIDE CITY	Y LIMITS?	500
5	(=0	5		2 1/ 1/	F. STREE	BALT IMORE		YES [] NO [
	(7000	sai	mail	an Hospita		6802 NAVA	JO DRIVE #	21209		
. S			7. MARRIED	NEVER MARRIED	B. DATE	OF BIRTH	9. AGE (In years		der 1 Yr. If U	nder 24 Hrs. Min.
		IITE	WIDOWED		JULY	20, 1914	57			
	USUAL OCCUPATION (G during most of working life,		KIND O	F BUSINESS OR INDUST	RY 11. BIRTH	IPLACE (State or fo	reign country)	12. C	ITIZEN OF WHA	T COUNTRY?
	PHYSICIAN		MED	ICAL		LTIMORE, N			USA	
13. F	ATHER'S NAME				14. MOT	HER'S MAIDEN NA	AME			
	GEORGE TRAMER	2				GERTRI	JDE			
	Vos Deceased Ever in U., no ar unknown) (If yes, giv			1 6. SOCIAL SECURITY NO.	17. INFO	RMANT			ADDRESS	
	NO				MRS.	HILDA TRAN	MER. 6802	NAVAJO	DRIVE #2	1209
	1B.	1	- 10	CAUSE OF DE	ATH	THE BOTT THE	DIT. OUG	111111100	APPROXIMAT	EINTERVAL
П	DISEASE OR COL		RECTLY	H3	TRO	CYTAN	4		-	
	(This does not mean I	to DEATH	dvina ea	(A) IMMEDIATE C		1010			J R	WINTIN
	heart failure, asthenia, e	etc. II means	the diseose		S A CONSEC	QUENCE OF:				
	injury or complication v	NT CAUSES								
	DISEASES OR COND			(B)DUE TO, OR	AS A CONSE	QUENCE OF:				
	rise to the obove UNDERLYING CONDIT	cause (A)		(c)						
_		II		11		11.			1.0	./
01	OTHER SIGNIFICANT CONTO THE DEATH BUT NOT	RELATED TO 1	HE TERMINAL	MUCTI	PLE	MYEC	OMA		10 4	ronth
CA	DISEASE OR CONDITION			WHICH OPERATION	20 A.	AUTOPSY? (Yes or	(o) 20B. IF YES, \	VERE FINDING	GS CONSIDERED)
RTIFIC		WAS PER	RFORMED				IN CERTIFYIN	G CAUSES O	F DEATH?	
	21 A. ACCIDENT WAS U	NDERLYING	211	B. PLACE OF INJURY (e.	office blda	21C. WHERE DID	(If in B	oltimore City,	give exoct lacotio	n)
Z	DEATH (notify medical ex		etc							
E0	21 D. TIME (Month) OF INJURY	(Doy) (Year)	(Hour) 216	. INJURY OCCURRED		21F. HOW DID IN	JURY OCCUR?			
2	(APPROX.)			nile At W					/ .	
	22. I certify that H) (t	his haspita	1) attended	the deceased/fram	314	RES	1972 to	21 /	tag	19/2
	that (1) (we) last saw	the decease	ed alive an.	21 May	19	74 and	that in (my) (au	r) opinian d	eath accurred	an the date
	and haur and fram the	causes sta	fed abave	1) (We) (did) (did por	Friew the	bady after death				
	23A. SIGNATURE	1/8	7	1 2				23 B. D	ATE SIGNED	
	Willac	1001	um		hys.	Med. Director	Staff Phys.	2	1 May	72
	23C. PHYSICIAN'S NAME (Type)	1		1	23D. ADD	RESS			1.1	
	MICHA	EL (OLVII	N MD	()	20 D DA	MARIO	TAN	RESPITA	7
24A	BURIAL CREMATION, REMOVAL (Specify)	48. DATE	24C. N	AME of CEMETERY of	REMATORY	24D.	LOCATION	(City, towr	n, or county)	(Stote)
	BURIAL	5-23-72	2 OHI	EB SHALOM		RI	EISTERSTON	N, MARY	YLAND	
25A	DATE REC'D BY HEALT	H DEPT.	258, NAME	OF REGISTRAR		FUNERAL DIRECTO	O R		ADDRESS	
	MAY 25 1972	- Jacob	Il Sir Mani	Ser Troff	OSOF	LEVINSON	BRUS.,6	OUTO RE	ISTERSTOV	IN KUAD
	EO DEN 1/1/60									

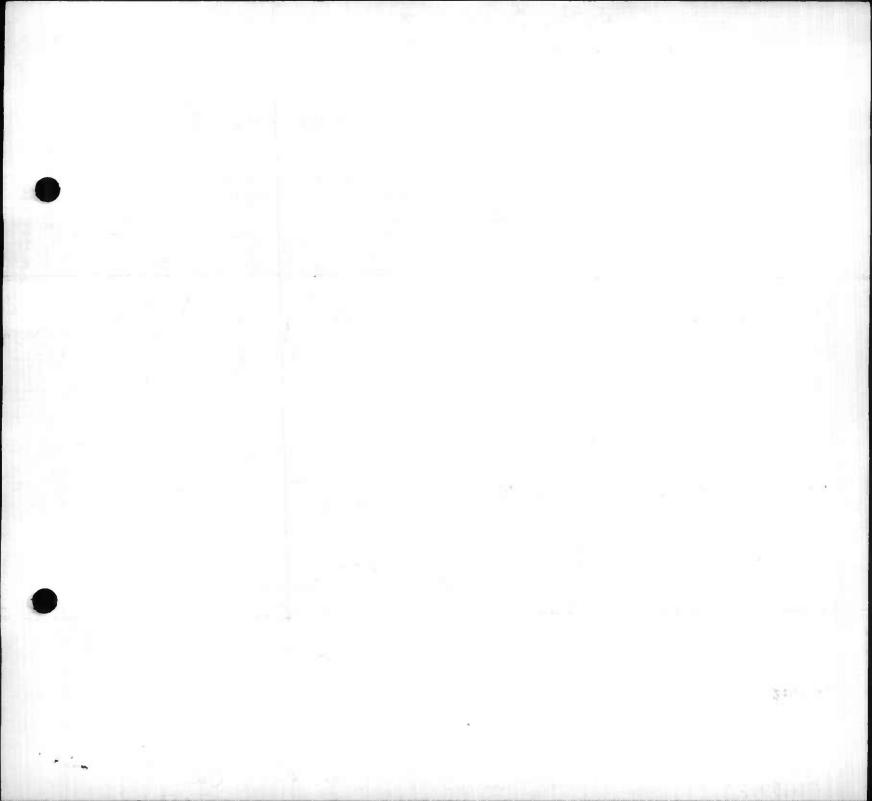
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11/	1-70-	MED	ICAL	EXAMIN	IER'S	CERTIFI	CATE OF	DEAT	H REG N	, 12 (14939
BIRTH									KEG, 14	0	
Type	ME OF DECEASED	111/711	A4 1 1	,		2. DATE OF	Known X	Month	Doy	Yeor	Heur
	Opal	MEXIMAGE				DEATH	Estimoted	5	21	72	12:20p. M.
	ACE IN BALTIMORE					3. DATE		Month	Doy	Yeor	Hour
HOSP	ITAL A	F NOT IN HOSPITA	AL OR INSTIT	UTION, GIVE STE	REET	PRONO	UNCED DEAD	5	21.	72	12:20p. m
OR IN	STITUTION					5. USUAL R	ESIDENCE (When	e deceosed l	ived. If institut	lion: residence	
0	622 B	enninghau	e Pd			A. STATE	Paruland		B. COUNT	Y	778
6. SE				D NEVER M	APPIED T	C. CITY OF			D. INSIDE	CITY LIMITS?	
	F	K.7	WIDOWE		ORCED	R 11					
9. DA	TE OF BIRTH	W IIO.AGE (II		f Under I Yr, II U		Balti	AND NUMBER			YES X	NO L
11	1/1/170	losi birthdo	y) N	onths Doys H	ours Min.						
			2			622	Benningh	aus Rd			
III, DII	RTHPLACE (Stole or I			2. CITIZEN OF WHAT,COUN	ITRY?	13. FATHER	'S NAME				
	Virginia			USA		Josh	wa L. Ke	nley			
done d	SUAL OCCUPATION	(Give kind of work	148. KIND	OF BUSINESS O	RINDUSTR	Y 15. MOTHE	R'S MAIDEN NA	ME			
Ins	tructor	re, aren aremed,	Perm	valite (0.	Nel	ie Franc	es Ake	271		
16. W	AS DECEASED EVE	R IN U.S. ARMED	FORCES?	17. SOCIAL		IB. INFOR	MANT	60 /1/	2/05	ADDRESS	
(1 es, n	No or unknown) (II yes,	give wor or doles	of service)	SECURI	IY NO.	Ma C	7.1. E M		444	1120 (1 1
19.				CAU	SE OF DEA	TH .	oun Colin	uhlhai	1 444		PROXIMATE INTERVAL
	TINIT	1								METW	ZEN ONSET AND DEATH
		ONDITION DIRECTED	CTLY								
	(This does not mean	the mode of dv	lna. e.a	(A)	MMEDIATE C	AUSE Art	erioscler	otic c	ardio		
	heart foilure, ostheni- injury or complication	o, elc. It meons the	disease,		DUE TO, OK	AS A CONSEG	vascular				
			,,				Vascalai	arbea	3 4		
		ENT CAUSES		(B)_							
	DISEASES OR CON	DITIONS, IF ANY	, GIVING		DUE TO, OR	AS A CONSE	QUENCE OF:				
2	UNDERLYING CON	NDITION LAST.		(C)_							
<u> </u>		11		(0)2.							
	OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTIN	1G							
프	TO THE DEATH BUT DISEASE OR CONDIT			AL		~~~~~	*******				
CERTIFICATION	A. DATE OF OPERA	TION 208. CON	NDITION FO	OR WHICH OPE	RATION W	AS PERFORM	ED	-		21. AUTO	PSY? (Yes or No)
	29									-1171010	, , , , , , , , , , , , , , , , , , , ,
₹ 22	A. EXTERNAL CA	USE WAS	122	B. PLACE OF IN	UILIDV/a a	In or about 2	2C WHERE DID	/If to Doleton	Cit I	ye	S
	NDERLYING OR C	CONTRIB-	ho	me, form, fociory	, streei, olfic	e bldg., etc.) II	2C. WHERE DID	(it in Bollimo	re City, give o	exoct location)	
	TING CAUSE OF		\ (11)	Tool laster of							
01	INJURY	(Doy) (Yeor) (Hour)	WHILE AT		WHILE -	2F. HOW DID IN	JURY OCC	UR?		
23.	PPROX.)	A-F-ELL-UIL-	m	WORK _	AT W	ORK					
23.					п.						
		t I held on I					and that on t	his basis,	death in m	y opinion	
	resulted from	m: Notural coy	ses K	Accident	Suicid	le 🔲 Ho	micide	Undetermi	ned monne		
	ACTUAL	12/18	1	1 /			CHIEF MEDICAL	XAMINER	X		Direction
	ACTUAL SIGNATURE	NO	1111	riv	M,D	ASSI	STANT MEDICAL	XAMINER			DATE SIGNED
	EXAMINER'S						CIATE MEDICAL E	XAMINER	П	5-22	-72
	NAME (Type)	Russell	S. Fis	sher, M.I).						
	URIAL CREMATION	, 24B. DATE		24C. NAME of	CEMETERY	or CREMATO	RY 24D.	LOCATION	(City, to	wn, or county)	(Stote)
	Bunial	5/2/1	172	no 1	······ (-		0	.14.	1.1	, ,	
25 A. C	ATE REC'D BY HEA	LTH DEPT.	25B. NA	ME OF REGISTR		metery,	UNERAL DIRECTO	Cumo	re, a	Anness	
		. 00				230. 1	ONERAL DIRECTO	John	A. Mo		
	MY 25 107	11/16	L. Village	3 a ACD				3000	E. Balti	more St.	
VS 15	PREV: 1/1/88		9	/ / 0				Balti	more, elle	1. 21224	/



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I to the hospital by a medical examiner or his assistant it death occurred in a hospital and to the hospital by a medical examiner. Also, if the direct or contributing cause of death of any natures: (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased tal (except where the physician who pronounced death was in regular attendance on the th); and (6) No physician was in regular attendance on the deceased prior to death. Such be obtained before the remains are embalmed or final disposition is made.	-
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he body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death, hows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	В
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9000.	H

V =23 0404	BALTIMORE CITY	HEALTH DEPARTMENT	ALT I	72 04940
V-520 72 0494	CERTIFICA	TE OF DEATH	REG. NO.	
I.NAME OF DECEASED				
(Type or Pant) UANNU221, MR	their o		D HOUR OF DEATH	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOLINCED DEAD	MA	4 21,194	12 2:35 P N
WHERE PR	ONO ONCED DEAD	A. STATE B. COUN	ITY	nstitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR II	ISTITUTION. GIVE STREET	MARYLAND		601
HOSPITAL OR ADDRESS OR LOCATION		C. CITY OR TOWN	D. INS	IDE CITY LIMITS?
35	(OTA)	BAUTIMORT		YES NO
CHURCH HOME + HO	SPIIAL	E. STREET AND NUMBER		
		164 N. CUPL	EU ST	
5. SEX 6. RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months; Days Haurs Min.
M WHITE WIDO	Limit Limit	4-30-07	last birthday)	Months Doys Haus Min.
10A, USUAL OCCUPATION (Give kind of work 108, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of fore	64	III CITIES OF WALLE
done during most of working life, even if refired)	Doute			12. CITIZEN OF WHAT COUNTRY
	timore School	PEMNSYLVAXIA		USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
CARMINE YAXINUZZI		POSIE BRON	JIE	
5 Was Deceased Ever in II S Amed Energy	1 6. SOCIAL	17. INFORMANT	VIE	ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of serv	SECURITY NO.			
No		Mr. Michael 9a	nnuzzi 756	7 Westfield Rd.
18.4-8-6 1	CAUSE OF DEATH			APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
LEADING TO DEATH	/ANIMMEDIATE CAU	SE RESPIRATORY	FAILURE	DAUS
(This does not mean the mode of dying, heart failure, osthenio, etc. It means the dise	e.g., DUE TO, OR AS	A CONSEQUENCE OF:	*************	
injury or complication which caused death.	2	HADRIC PULLOR	expy LUKE	6 YEARS
ANTECEDENT CAUSES		DISEASE		101110
DISEASES OR CONDITIONS, if ony, gi	(B)	A CONSEQUENCE OF:	************	
rise to the above couse (A) stating	fhe	Olimet conserve Du	1, 101	01116
UNDERLYING CONDITION last.	(c)	PNELMONIA, RU	cure and	tes Days
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	NG			
DISEASE OR CONDITION GIVEN IN PART 1 (A).		****************		
19A- DATE OF OPERATION 19R CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	20B. IF YES, WERE	FINDINGS CONSIDERED
			III CERIFIING CA	USES OF DEATH!
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, farm, factory, street, off	or about 21 C. WHERE DID	(If In Boltimor	e City, give exact location)
DEATH (natify medical examined)	elc.)	ice maga instant occor.		
21D-TIME (Manth) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJ	IRY OCCUPY	
21D-TIME (Manth) (Doy) (Year) (Hour) OF INJURY (APPROX.)	While At Not While	,	DAT OCCUR.	
	Work At Work			
22. I certify that (i) (this hospital) attended	ed the deceased from	5-2 1	9 72 10	5-21 19.72
that (1) (we) last sow the deceased alive		~ 1		nian death accurred an the date
and hour and from the causes stated above			it intimy, (doi) opti	man death accoured du the date
23A. SIGNATURE	es (1) (ua) (gig) (gig ugi) Ai	ew the bady after death.		
4	Atten	ding - Med -	that the	23B, DATE SIGNED
Ma. Ulms V. Mangan	H - D. DEGREE Phys.	ding Med.	Shaff Phys.	5-21-72
23C. PHYSICIAN'S NAME (Type)	2	3D. ADDRESS		
MA. ELENA V. MANGAY	M.D. DEGREE	160 N BA	vadus.	Rusto. Man 2012
	NAME of CEMETERY OF CRE	MATORY 24D. LO	CATION (CII	v. lown, or county) (State)
0				11
Surial 5/24/72	New Cathedral	Cemetery Ba	Ltimore, Mo	ruland
		25C. FUNERAL DIRECTOR		
MAY 25 PAY COMP CO	side Man	0 7 19	00 E. Baltimor	edt.
3 LDU-KEV. 1/1/68				



24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Marriottsville, Maryland Burial Crest Lawn Cemetery 25B. NAME OF REGISTRAR ADDRESS 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR John J. Duda 7922 Wise Ave. Dundalk, Md.2122 VS 151-REV. 1/1/68

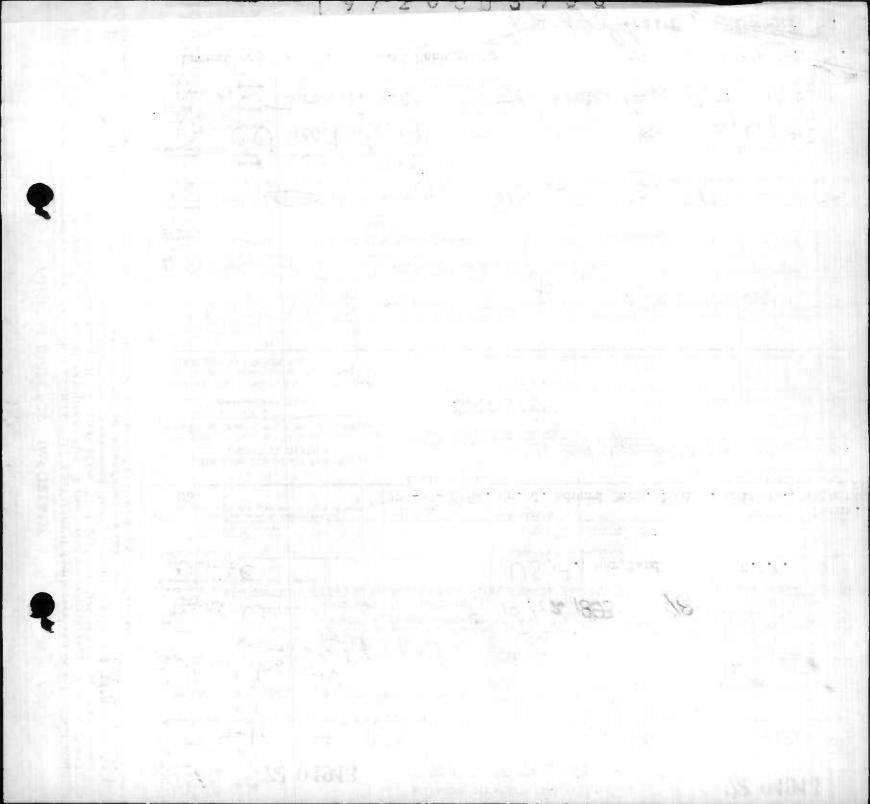
present arguettes by a series of The state of Article Control of the S PERMI

7:2:5	B-453 72 04942 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. 72 04942
ipital and of death Deceased ce on the ath. Such	1. NAME OF DECEASED (Type of Print) BLUNT NANCY L. 2. DATE AND HOUR OF DEATH 5-23-72 10: 10 AN 3. PLACE IN BALTIMORE, MARYLAND, WHERE FRONOUNCED DEAD 14. USUAL RESIDENCE (Whole deceased lived. If institution; residence before additional prints).
hos Jse (5) and ded	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) A. STATE B. COUNTY Baltimore CITY OF SOUTH
ni ng cau	SINAL HOSPITAL GRANITE YES NOW
ccurr tribu mine gula sed mad	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years 1 Under 1 Yr. 1 Under 24 His. WIDOWED DIVORCED 2-2-27 lost birthdoy) 45 Months Days Hours Min.
eath or con indeter s in re decea	10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR (NDUSTRY 11. BIRTHPLACE (Stele or (oreign country)) Secretary - Provincial Jesuit Society Baltimore, Maryland 12. CITIZEN OF WHAT COUNTRY () SA
irect (4) U (4) U the ispos	Raleigh S. Burroughs 14. MOTHER'S MAIDEN NAME Jessie Paxton
the the deat deat	16. SOCIAL 17. INFORMANTGranite, Md. 21163 ADDRESS No None 214-22-1790 Mr. Thomas R. Blunt Hernwood Road
Also, in or his or or or or or or or or or or or or or	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, astheria, etc. If means the disease,
examine examiner (3) A fract n who pr in regula s are emb	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: pise to the above cause (A) stating the
medical medical burns; (physicial an was	UNDERLYING CONDITION last. (C)
chiefy a 18 Body the the nysici	19A DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A AUTOPSY? (Yos of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
by the principal view, when the principal view of the principal view of the principal view of the principal view of the principal view of the principal view of the principal view of the principal view of the vi	OR CONTRIBUTINO CAUSE OF home, form, foctory, street office bidg, INJURY OCCUR?
y n XC XC nnd	While At Work Work 19 /2 ta 5 - 2 3 19 /2
ust be appuased to the dent of an ospital (expense); a death); a must be ob	that It (we) last saw the deceased alive on 5-23 19 72 and that in (ph) (our) opinion death accurred an the date and have and from the causes stated above. (We) (did) (did not) view the bady after death.
30.56	23A. SIGNATURE Ovald P. Byank, M. D. Attending Med. Director Phys. Stoff Stof
certificate mody was related to the control of the	P. BYANK M. D. DEGREE SINA HOSPITAL 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, lowir, of county) (Stole)
This certif the body shows: (1) was D.O.A deceased written ap	Burial 5/25/1972 Granite Presbyterian Church Woodstock Baltimore Md. 25A. DATE RECO BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 8728 Liberty RoadADDRESS 21133
	VS 150-REV. 17/68 Loging Byers Tuneral Directors, P. A.

E 2 20 1 2 (---

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. U.

	1 == 1	BALTIMORE CITY	HEALTH	DEPARTMENT	,	19:0	04943				
1.6	7-036 72 04943	CERTIFICA	TE C	F DEATH	REG. NO	11-	0.1010				
1.1	AME OF DECEASED.				ID HOUR OF DEATH	4					
СТУ	pe of Paint Helen ANDER	25		5/21	1/72	1	1030 Pm				
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOL	INCED DEAD	A. STAT	AL RESIDENCE (When	deceased lived. If	institution: re	sidence before admission)				
FU	LL NAME OF (IF NOT IN HOSPITAL OR (NSTITE	JTON, GIVE STREET	Pe	ennsylvani	ia		135				
IN	SHITAL OR ADDRESS OR LOCATION)			OR TOWN	D. IN	SIDE CITY LU	мпs?				
112	The Hopkins 1787	0		aynesboro		YES X	но 📗				
	Broad Built,	Md.		001 E. Maj	in Street						
5.	Formal 6. RACE hite 7. MARRIED [WIDOWED]	NEVER MARRIED DIVORCED	1	OF RIPTH A	9. AGE (In years lost birthday)	If Under Months	1 Yr. If Under 24 Hrs. Doys Hours Min.				
	USUAL OCCUPATION (Give Lind of work 108, KIND OF		11. BIRT	IPLACE (State or forei	gn country)	12. CITIZ	EN OF WHAT COUNTRY?				
don	e during most of working life, even if refired)		0	SA Mar	ryland	11	.S.A.				
13.	FATHER'S NAME		14. MOT	HER'S MAIDEN NAM			•0•8•				
	Adam Anders		1	Maude Crav	wford						
15. (Ye	Was Deceased Ever in U. S. Armed Forces? inno or unknown) (if yes, give war or dates of service)	1 6. SOCIAL SECURITY NO,	17. (NFO	RMANT			ADDRESS Penna				
	No	220-30-0658A	Mr.	J. Edward	Beck, 1001	E. Mai	n St., Waynes				
	18. 4/0.71	CAUSE OF DEATH	H		, /	1	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH				
	DISEASE OR CONDITION DIRECTLY		Pas	-11 N. A. A.	1 - c. d. Ob	da ll					
-	(This does not mean the mode of dying, e.g., (A) IMMEDIATE CAUSE NOTICE OF THE MANY MYRING 30 SQ COND										
	heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.]										
	ANTECEDENT CAUSES										
	DISEASES OR CONDITIONS, il any, giving	***************************************									
	rise to the above cause (A) stating the UNDERLYING CONDITION last,	(c)									
	TI TI	(7/22									
P P	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	THE DEATH BUT NOT RELATED TO THE TERMINAL									
S	DISEASE OR CONDITION GIVEN IN PART 1 (A).	WICH OFFRATION	120 4	WUTOPSY? (Yes or No.	1 208 IF YES WEST		CONCIDENCE				
CERTIFICATION	WAS PERFORMED	THEN OFFICE TON	1074,	20	IN CHOTEVING C	AUSES OF D	EATH?				
ü	21A. ACCIDENT WAS UNDERLYING 21B. OR CONTRIBUTINO CAUSE OF home	PLACE OF (NJURY (e.g., (n	or obout	NULLY OCCUPY	(If In Boltime	ore City, give	exact location)				
S	DEATH (notify medical examiner) etc.)	a land lacion, succe on	nee brogg	Wilder Occor							
MEDI	OF INJURY	INJURY OCCURRED		21F. HOW DID INJU	URY OCCUR?						
<	(APPROX) While	Not While									
	22. I certify that (1) (this hospital) attended th	e deceosed from	5/3	1	97210 5	121	1972				
	that (th) (we) last sow the deceased olive on	5/21	19	77 ond the	at in (my) (our) op	inion deati	occurred on the date				
	and hour and from the causes stated above. (1)	(We) (did not) vi	lew the	body after death.							
STANSIGNATURE 23R DATE SIGNED AHONDING Med. Stoff To							SIGNED				
	fruel V, landigle	DEGREE Phys.	. '		Staff Phys.	5/	21/1				
1	23G AYSICIAN'S NAME (Type)		3D. ADD	RESS	11	2 A					
24/	DAVIEL V. ARTACLIA BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NA	DEGMEET	MATORY	~ (TO) KM5	CATION (C	ity, town, br	county) (State)				
	Cremation 5/24/72 E	ast Harrisbur	g	I	Harrisburg	Dauph	nin Co., Pa.				
254	MANY 95 1079 1652 6 CANANA	F REGISTRAR		FUNERAL DIRECTOR	01		ADDRESS				
Ve	MAY 20 13/2 USSESS 150-REV. 1/1/68		12	Javid (10	Trove,	Way	mesboro Pa.				
A.9	1.44 T/ 1/ 1/ 00										



	40.44
0	72 04944 BALTIMORE CITY HEALTH DEPARTMENT
15-252	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
RIDTU NO	MEDICALE DI MINICELE OI DEATH

BIRTH NC.										REG. NO.		
t. NAME OF DEC							2. DATE	Known 🔯	Month	Doy	Yeor	Hour
Addie Boesinger						DEATH	Estimoted	5	20	72	7:00P. M	
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD							3. DATE		Month	Doy	Yeor	Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)								INCED DEAD	5	20	72	7:00 P.M
44	Uni	on Mem	oria	l Hos	spital		A. STATE	SIDENCE (Where	deceased ti	B. COUNTY	n: residence l	perfore admission)
6. SEX	7. RACE		B. MAR	RIED A	NEVER MAR	RIED 🗌	C. CITY OR			D. INSIDE CI	TY LIMITS?	
Female	Whit			WED 🗌	DIVOR			altimore		Y	ES T	по 🗆
Aug 18,	1888	10. AGE (II lost birthdo	y)	Months	r 1 Yr. II Unde Doys , Hour	r 24 Hrs.		ND NUMBER 939 Rolan	d Aven	ue 2	1211	
W. V	lote or foreig	n country)			AT COUNTR	Y?	13. FATHER				1611	
	PATION (Give rorking life, ever Housew		14B. KINI	OF BU	SINESS OR I	NDUSTR	15. MOTHER	S MAIDEN NAM	ΛE	- C		
6. WAS DECEASI	ED EVER IN	U.S. ARMED	FORCE of service	5? 17	· SOCIAL 78 CURITY	NP261	IB. INFORM				DDRESS	and Awa
No 119.				<u> </u>		OF DEA		ea A. Do	estug	er 273		PROXIMATE INTERVAL
7/2	<1/1				CAUSE	OF DEA	in					TEN ONSET AND DEATH
	E OR CONDI		STLY				Annah				7	
(This does no heart loilure,	osthento, etc.	mode of dy	ng, e.g., diseose,		DUE	TO, OR	S A CONSEQ	erioscler JENCE OF:		disease	scular	
injuly of con-	pheonon which	u consed ded	in.j									
	ANTECEDENT CAUSES (B)											
RISE TO THE ABOVE CAUSE (A) STATING THE												
UI TO THE DEA	IFICANT CON TH BUT NOT CONDITION	RELATED TO	THE TERM	INAL								
20A. DATE OF	OPERATION	208. CON	IDITION	FOR WH	ICH OPERAT	ION WA	S PERFORM	ED .			21 AUTO	PSY? (Yes or No)
5												
22A. EXTERN	NAL CAUSE V			22B. PLA	CE OF INJU	RY(e.g.,	in or obout 22	C. WHERE DID (I	f in Boltimor	e City alve eva	No.	0
UNDERLYING UTING CAL	JSE OF DEAT	rH.		nome, ru	rm, lociory, si	reet, Office	bldg., etc.) IN	JURY OCCUR?	1 111 00111111011	e City, give exc	cr roconon)	
OF INJURY (APPROX.)	Month) (Do	oy) (Yeor	(Hou	m. WOR			WHILE -	F. HOW DID INJ	URY OCCU	IR?		
23.	fy that I he	ld on Ir	quiry [e Ir	spection	-	opsy 🔲	ond that on th	s basis.	death In my	oninlan	
result	ed from: No	turol cous	es k	Acci	dent 🗌	Suicld				ed monner	7	
ACTUAL SIGNATU	DE	6	20%	11	Ren	/	ASSIC	HIEF MEDICAL EX				DATE SIGNED
EXAMINE NAME (T)	R'S	Russe	11 S	Fis	sher, M	M.D.		CIATE MEDICAL EX			5.	-22-72
4A. BURIAL CREM	ATION, 24	B. DATE	200	24C. N	AME of CE	METERY (CREMATOR		OCATION		or county)	(Stote)
Burial		5/24/	15		.2	_	vation	al Cem	Getty	sburg,	Pa.	
MAY 25 1	372	EPT. A E.	250, N	AME OF	REGISTRAR			Alan Se			DRESS Ro	land Ave
S 151-REV. 1/1/68			1	7	7 ()		17 0	9 0				

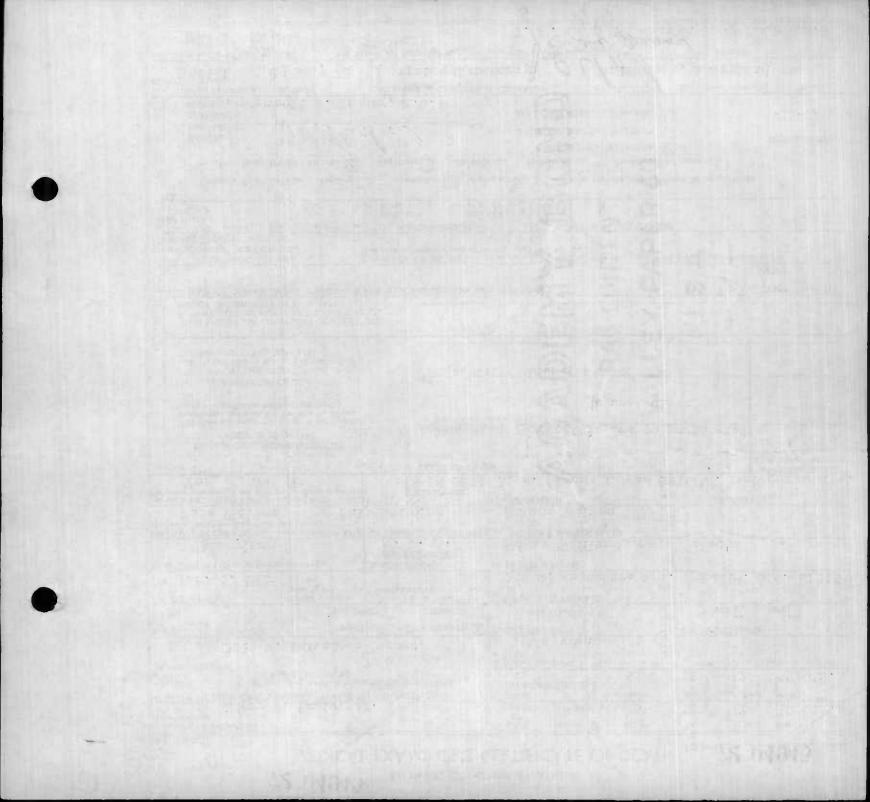
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-10-11 0 at Not by Buildings Bell have a sell

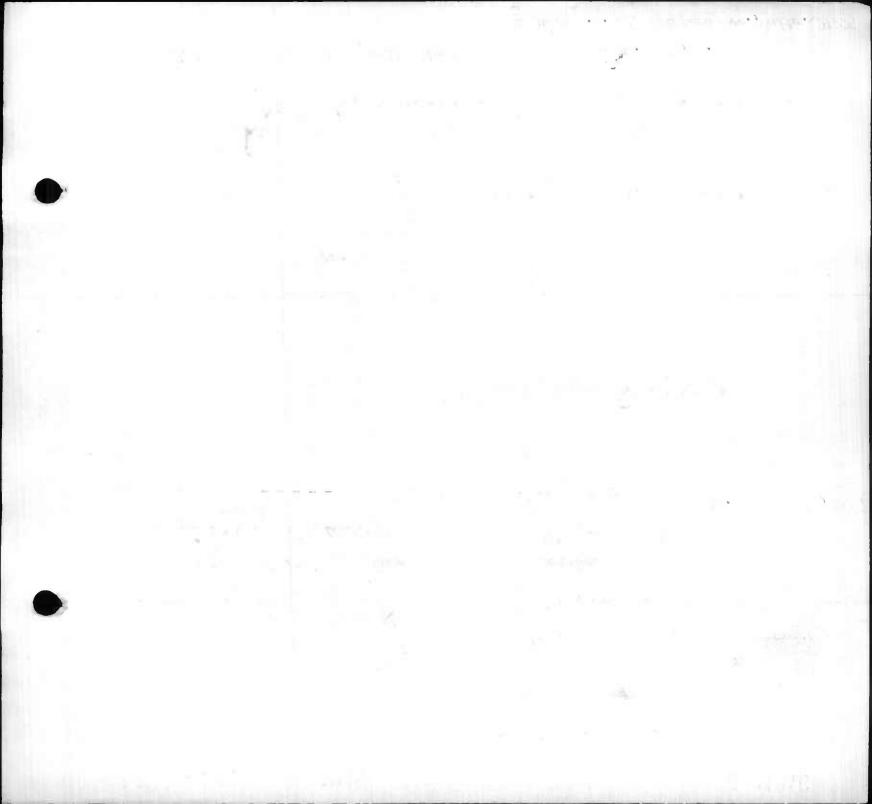
Skitzland Hall Care

Gettysb";

	1-20	0	MED			BALTIMORE CITY HE			DEAT		703 13	4045
BII	RTH NC.		MILL	ICAI		XAMINER'S	SEKTIFI	CATE OF	DEAT	REG. NO	14 U	4343
	NAME OF DE	CEASED					2. DATE OF	Known 🔼	Month	Doy	Yeor	Hour
	Edgar W. Lewis, Jr.							Estimated	5	22	72	12:01a. M
	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD						3. DATE	INCED DEAD	Month	Doy	Year	Hour
HO	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)								5	22	72	12:01a. M
	00	2216 1	7 D-1				A. STATE	ESIDENCE (Where		ed. If institution B. COUNTY	in: residence	before admission)
6.	EV	17. RACE	V. Belve		_			aryland				155
0.						NEVER MARRIED	C. CITY OR			D. INSIDE C		
0 1	M DATE OF BIRT	W	10.AGE (I	WIDON		DIVORCED L	H .	timore		Y	ES 🛚	NO 🗆
/ '			lost birthdo		Mont	hs Doys Hours Min.						
11	BIRTHPLACE	3, 192			12 0	ITIZEN OF	3216 V	V. Belvede	ere Ave	. Ba	ilto. N	Ad. 21215
						WHAT COUNTRY?				-		
14Ā		ryland		148. KINI	OF	U. S. A. BUSINESS OR INDUSTR	Edga	r William	1 Lewi	s De	c'd	
done	during most of	working lile,	even (frettred)									
16.	WAS DECEAS	Welde	N U.S. ARMED	FORCE	D T	Building	Mauc	le Wilson	1		DDRESS	
(Yes	Yes	(If yes, give	N U.S. ARMED wor or doles W II	of service)	SECURITY NO. 218 18 4681			2			1 4
	19.	2 / /	14 11			CAUSE OF DEA		Maude L	ewis 3	210 W.		edere Ave
	0 6					471002 01 017						WEEN ONSET AND DEATH
	DISEAS	LEADING	IDITION DIRE	CILY			Da		1	- o £	- 4-0-4	
	(This does	not mean th	e mode of dy	Ing, e.g.,		DUE TO, OR	AS A CONSEQ	itonitis (iue to	periora	rea	
	injury or co	mplication w	itc. It means the hich coused de	oth.)				ieiı	ınal ul	cer		
	Δ.	NTECEDEN	IT CALISES					5 5			100	
	DISEASES	OR CONDI	TIONS IE ANY	, GIVING		DUE TO, OR	AS A CONSEC	UENCE OF:				
	UNDERLYI	E ABOVE C	AUSE (A) STA	IING THE		1-3						
Ó						(c)						
CERTIFICATION	OTHER SIGN	NIFICANT CO	II ONDITIONS CO	ONTRIBU	TING							
E E	DISEASE OF	R CONDITIO	OT RELATED TO N GIVEN IN PA	ART 1 (A)								~~~~~~~~~~~~
FR	20A. DATE O	FOPERATIO	ON 208. COM	NOITION	FOR 1	WHICH OPERATION WA	AS PERFORM	ED			21. AUTO	OPSY? (Yes or No)
1	W.											ves
MEDICAL	22A. EXTER UNDERLYING UTING CA	NAL CAUS	NTRIB-		22B. P home	PLACE OF INJURY(e.g., , lorm, loctory, street, office	in or obout 2: e bidg., etc.) IN	C. WHERE DID (Il in Boltimore	City, give ex		
Σ			(Doy) (Year) (Hou	r) 22	E.INJURY OCCURRED	2:	2F. HOW DID IN.	JURY OCCU	R?		
	(APPROX.)				m. W	HILE AT NOT	WHILE					
	23.					A	<u> </u>					
						Inspection Au	topsy X	and that on th	ils basis, a	leoth in my	opinion	
	resul	ted from:	Natural cou	ses 🗓	A	coldent Suicid	le 🗌 Ho	micide 🔲 1	Undetermin	ed monner		
	ACTUAL		6)	1	1		C	HIEF MEDICAL E	XAMINER	X		DATE CICALED
	SIGNAT		000	FN	un	en M.D	ASSIS	TANT MEDICAL E	XAMINER			DATE SIGNED
	NAME (ssell S	. Fis	her	, M.D.	ASSO	CIATE MEDICAL E	XAMINER			5-22-72
24 A	BURIAL CRE	MATION,				NAME of CEMETERY	or CREMATO	RY 24D, I	OCATION	(City, tow	n, or county) (Stote)
KEI	Buria	1'	24 May	72	I	orraine Cen	netery	0/18	ltimo:	re, Ma	ryland	
25 4	DATE REC'D			25B, N	AME,	AF REGISTRAR	111	UNERAL DIRECTO	11///		DDRESS	
	MAY	25 197	Z Julie	ALE.	Tale	Bar, M.D.	7	O ALL	Whan	IN		
VS	51-REV. 1/1/6	8		1 0		, -7 -17 -17	J./!	C. Lowel	Lemi	non 65	UU YO	rk Road



	11=621 /2 114946	ATE OF DEATH REG. NO. 72 04946							
1.1	IAME OF DECEASED MORSBERGER. MILLD								
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, II institution; residence before adm							
FU	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MD Am- HANT 620							
IN	TITUTION	C. CITY OR TOWN, Talston M.O. INSIDE CITY LIMITS?							
C	hurch Howe & Hospital	E. STREEL AND NUMBER							
		BOX 301B RTA. Fallston M.							
	terral Wilder WIDOWED DIVORCED DIVORCED	0105 1916 56 mmonths Doys Hours							
don	. USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINESS OR INDUSTRY eduring most of working life, even it retired)	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT CO							
13.	Home Home	Maryland AMER							
	O Wen Schunau	Bertha Hall							
(Yes	Wos Decoosed Ever in U. S. Armed Forces? In or unknown) (If yes, give wer or dotes of service) No	17. INFORMANT Rte. 4 ADDRESS 31B.							
	18. 15 3 2 1 CAUSE OF DEAT								
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH								
	(This does not mean the mode of dying, e.g., (A) IMMEDIATE CAUSE (MONE LEGISLATION of Children of Chil								
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)								
	ANTECEDENT CAUSES (B) Medas falor lung brain of Car deputing								
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION lost.								
	(4)								
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL									
CAT	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY7 (Yos or No.) 20B. IF YES, WERE FINDINGS CONSIDERED							
ERTIFI	WAS PERFORMED	20A. AUTOPSY? (Yos or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?							
CAL CE	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (o.g., home, form, foctory. sheet, o DEATH (notify medical examines)	in or about 21 C. WHERE DID (If In Baltimare City, give exact location) office bldg., INJURY OCCUR?							
EDI	21D. TIME (Manth) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY	2) F. HOW DID INJURY OCCUR?							
×	(APPROX.) While At Not While At Work At Work	lo 🗆							
	22. 1 certify that (1) (this hospital) attended the deceased from 21 May 19 72 to 21 May 19 7,								
	that (I) (we) last saw the deceased alive on Mary	ond that In(my) (our) apinion death occurred on the							
	ond haur and from the couses stoted above. (1) (We) (did) (did not) view the body after death.								
	Manayana MD AM	ending Med. Staff Phys. Dare SIGNED							
	DEGREE	23D. ADDRESS Church Home & Hospilal							
24A	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRI	EMATORY 24D. LOCATION (City, lown, or county) (SI							
0	urial 5/25/72 Mount Olivet (en								
_	DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS							
VE .	MAY 25 1972 (15 Bank E. Marley, 142).	Mg (ully F.H. 237 Patapsco Ave., Balto.							
3	50-REV. 1/1/68								



the body was released to the phospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. scurred in a hospital and pved by the chief medical examiner or his assistant if death IMPORTANT FUNERAL DIRECTOR: This cortificate must be

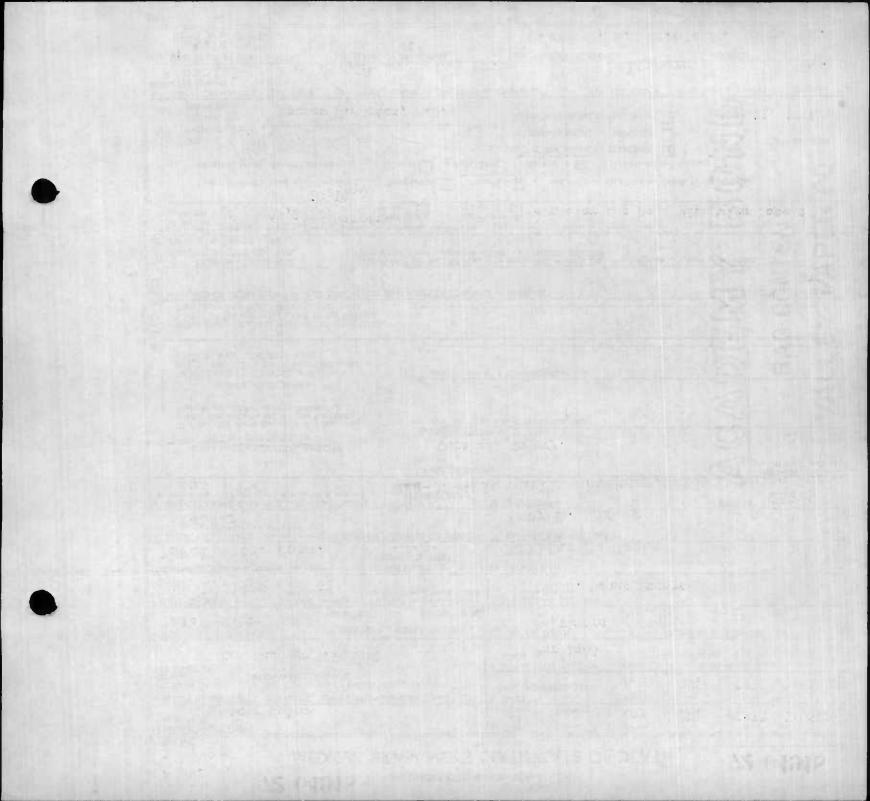
BIRTH NO. Saliabouri, Md. CERTIFICA	TE OF DEATH REG. NO. 72 U4947				
TAMMY LUM SHUPE	2. DATE AND HOUR OF DEATH				
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) The Johns Hopkins Hospital	A. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY Maryland Wicomico C. CITY OR TOWN Pittsville E. STREET AND NUMBER December 2006 (Wingle Board)				
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH S. AGE (In years II Under 1 Yr. II Under 24 Hrs.				
IOA USUAL OCCUPATION (Give kind of work TOR KIND OF BUSINESS OR INDUSTRY done during most of working life, even if refired)	11. SIRTHPLACE (Slote or foreign country) Salisbury Hospital U.S.				
Curtis Sturgis	Ruth Helen Sturgis				
15. Wes Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dotes of service) 16. SOCIAL SECURITY NO.	Rt. #1, Boxx256 Tingle Curtis Sturgis, Pittsville, Md.				
UNDERLYING CONDITION last. (C)	A CONSEQUENCE OF:				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED DOT TO SPECIAL PROPERTY (e.g., in one contributing Cause of Death (notify medical examined) 21A. ACCIDENT WAS UNDERLYING 121B. PLACE OF INJURY (e.g., in one contributing Cause of Death (notify medical examined)	n or obout 21 C. WHERE DID (If in Boltimore City, give exect location)				
DEATH (netify medical examined) 21D.TIME (Month) (Day) (Yeard (Hour) 21E. INJURY OCCURRED While At Not Work At Work	216. HOW DID INJURY OCCUR?				
22. I certify that (1) this hospital) attended the deceased fram 53/2 19 to 5/9/72 that (1) two) last saw the deceased clive on 5/9/72 19 ond that in (1) (our) opinion dooth accurred ond hour and fram the causes stated abave. (1) (We) (clid) (dld not) view the bady after deoth. 23A. SIGNATURE 23B. DATE SIGNED 23C. PHYSICIAN'S NAME (Type) 23C. PHYSICIAN'S NAME (Type) STUART P. BROSUE MO The Johns Hopkins Hospital 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) 5/21/72 Beechwood Cemetery Princess Anne. Manyla					
MAY 25 1972 258 MAME OF REGISTRAR VS 150-REV. 1/1/68	Hinman Funeral Home, Princess Anne, Md				

WESTER A STATE STREET STATE ST Someth Schille, Press state, 150 ne. 12, STXXZAG CLID

DELINE PRINCIPLE ROLL FOR STREET

BALTIMORE CITY HEALTH DEPARTMENT

G-520 MEDICAL EXAMINER'S		9 04948								
I. NAME OF DECEASED	10.10.									
(Type or Print) Oscar Goins		72 1:05 PM								
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	3. DATE Month Doy Ye	72 1:05 PM								
Bon Secours Hospital	5. USUAL RESIDENCE (Where deceosed lived. If institution; reside A. STATE Maryland B. COUNTY	nce before admission)								
6. SEX 7. RACE 8. MARRIED NEVER MARRIED WIDOWED DIVORCED W	C. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS? YES X NO									
9. DATE OF BIRTH May 19, 1924 10. AGE (In years f Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.	E. STREET AND NUMBER 120 S. Mount Street	NO L								
11. BIRTHPLACE (Stote or loreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME									
Larottette, Tenn.	William E. Goins									
14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY done during most of working tille, even if retired) WELGET	Mary E. Harbor									
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (II yes, give wor or dotes of service) Yes WW2 17. SOCIAL 212-22-42:	18. INFORMANT ADDRESS	71770								
1es WWZ 212-22-42:	The street of mand of Ch	oice Lane								
DISEASE OR CONDITION DIRECTLY Cerebr	IR .	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA								
LEADING TO DEATH (A)IMMEDIATE CAUSE										
(Inits does not mean the mode of dyling, e.g., heart loilure, osthenio, eic. it means the disease, injury or complication which coused death.)										
ANTECEDENT CAUSES (6)										
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE										
UNDERLYING CONDITION LAST										
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA										
DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	S PERFORMED 121 AL	JTOPSY? (Yes or No)								
0 2	21. %	yes								
22A. EXTERNAL CAUSE WAS UNDERLYING SOR CONTRIB. 22B. PLACE OF INJURY (*.g., home, lorm, loctory, street, office	in or obout 22C, WHERE DID (II in Boltimore City, give exact location									
UTING LI CAUSE OF DEATH.	?									
	22F. HOW DID INJURY OCCUR?									
(APPROX.) 5 18,19/2 SOUTH WORK NOT AT W	hit over the head with wine	bottle								
10.10	opsy and that an this basis, death in my opinion									
resulted from Natural causesAccident Sulcid										
	Deputychief MEDICAL EXAMINER									
ACTUAL SIGNATURE M.D.	ACCICTABIT MEDICAL EVA MINIES T	DATE SIGNED								
EXAMINER'S NAME (Type) Werner U. Spitz, M.D.		21, 1972								
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, or count	nty) (Stote)								
Burial May 24,72 Lorraine Pl		Md.								
MAY 25 1972 (No. Sept. 1972)	Frank W, Seitz.814 W. 3	6th. St.								
VS 151-REV. 3/1/68	3 2 4 3	()								



BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH Deceased Such death I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) LO a hospital death. of 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD attendance (2) cause FULL NAME OF HOSPITAL OR INSTITUTION IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION OR TOWN etermined cause; 40 66 WA prior contributing E. STREET AND NUMBER occurred made. in regular 5. SEX 6. RACE 9. AGE (In yeors 7. MARRIED NEVER MARRIED deceased last birthday) 10A USUAL OCCUPATION (Gree kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLAGE (Stole or foreign country) death disposition or AdIATOR (4) Und OWA Mas 13. FATHER'S NAME the 14. MOTHER'S MAIDEN NAME direct mes ence eath HO 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no.5) unknown) (III yes, give wor or dotes of service) 6. SOCIAL 17-INFORMANT fina SECURITY NO. attendance Ö fracture of any pronounced 1B. or CAUSE OF DEATH his DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (A) IMMEDIATE CAUSE RESPIRATORYY (This does not mean the made at dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenio, etc. It means the disease, the chief medical examiner regular injury at camplication which caused death.) ANTECEDENT CAUSES ULMORAK who are 4 DISEASES OR CONDITIONS, it any, giving DUE TO, OR AS A CONSEQUENCE 3 rise to the above cause (A) stoling the = ATHROSCLERG. physician before the remains UNDERLYING CONDITION last. burns; No physician was 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). (2) Body 19A-DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No) where the by a WAS PERFORMED AURTO-ILIAL OLCLUSION 21 A ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218 PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, factory, street, affice bldg., INJURY OCCUR? the body was released to the hospital MEDICAL DEATH (notify medical examined of any nature; must be obtained 21D. TIME OF INJURY (except w (Month) (Doy) (Yeor) (Houd 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While While At (APPROX.) Work At Work 22. I certify that (1) (this hospital) attended the deceased from death); that (I) (we) last saw the deceased alive an hospital and hour and from the couses stated above. (1) (We) (did) (did not) view the body after death. An accident 23A/SIGNATURE Attending Med. Shoff Phys. 9 Director written approval Phys. 0 23C. PHYSICIAN'S NAME (Type) prior 23D. ADDRESS at was D.O.A. 24A. BURIAL CREMATION, 24B. DATE pespese 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION 25C. FUNEFAL DIRECTOR shows: NAME OF REGISTRAR 258. Ď

72 04949 A. STATE B. COUNTY D. INSIDE CITY LIMITS? YES II Under 1 Yr. If Under 24 Hrs. Months Doys 12. CITIZEN OF WHAT COUNTRY? APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CARDIAL ATRIET 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exact location) and that In (my) (our) opinion death occurred an the date REMOVAL (Spooly)

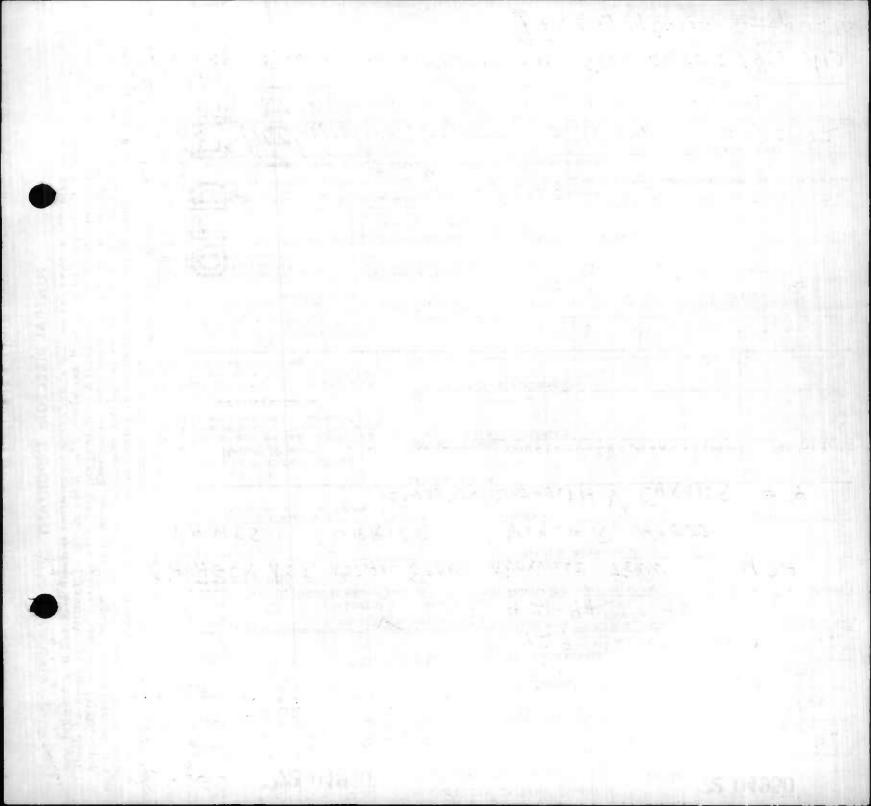
OPEN A LON 5/23/7

25A. DATE REC'D BY HEALTH DEPT 10/2 (City, town, or county) (Stote) V\$ 150-REV. 1/1/68

The state of the s AND THE RESERVE OF THE SECOND Lough Rober Hate Inner

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital fexcess where the pression was not approximately fexcess. was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	LTIMORE CITY HEALTH DEPARTMENT								
C-660 72 04950 CE	ERTIFICATE OF DEATH TREG. NO. 72 04950								
I, NAME OF DECEASED	2. DATE AND HOUR OF DEATH								
Type or Print JOHNL CURRIER	5-22-72 1 630A.								
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DE	I I M.								
FULL NAME OF HOSPITAL OR INSTITUTION, GIVEN ADDRESS OR LOCATIONS	VE STREET Maryland Anne Avundel								
- JOHNS HOPKINS HOSPITA									
3 JOHNS HOPKINS HOSPITH	E. STREET AND NUMBER 139 Market Street 510								
(//	MARRIED 6. DATE OF BIRTH 9. AGE (in years Manths: Doys Hours Min.								
10A. USUAL OCCUPATION (Give Lind of work 10B, KIND OF BUSINESS	NVORCED								
doge during most of working life, even if refined)	TORZ KNOXVILLE TENN. U.S.A.								
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME								
VAMES CURRIER	VIOLAR. HOBBS								
5. Was Deceased Ever in U. S. Armed Forces? 16. SOCIA									
	05-1341 ELIZABETH V. CURRIER # 4								
18. 410,41 CAL	JSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH								
DISEASE OR CONDITION DIRECTLY	A 6								
This does not mean the mode of dying, e.g., (A) IMMEDIATE CAUSE MY OCCUPATION That the mode of dying, e.g., (DIFTO, OR AS A CONSEQUENCE OF									
heart failure, asthenia, etc. it means the disease, injury or complication which caused death.									
ANTECEDENT CAUSES									
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:									
HALD TO THE GOODS COUNTY INC.									
UNDERLYING CONDITION last, (C).	***************************************								
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	acute renal shutdown 36 hr.								
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 178 CONDITION FOR WHICH OF WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING 1	ERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?								
The state of the s	INJURY le.g., in at about 21 C. WHERE DID (II In Baltimare City, give exect location)								
OR CONTRIBUTING CAUSE OF home, form, located home,	clory, sheet affice bldg., INJURY OCCUR?								
21D.TIME (Month) (Dayl (Year) (Haw) 21E INJURY O	OCCURRED 21F. HOW DID INJURY OCCUR?								
OF INJURY (APPROX.) While At	Not While At Work								
1									
17 12 16									
	and hour and from the dauses stated abave (ii) (We) (did) (did not) view the bady after death.								
28A/SIGNATURE? 1//	23 & DATE SIGNED								
After (//Welducky)	Attending Med. Stoff ST 1 - 27 - 77								
28C. PHYSICIAN'S	ot of Gee Phys. Director Phys. 23D. ADDRESS								
NAME CTYPE JOHN C. RUCK DESCHE	LIMD JOHNS HOPKINS HOSPITAL								
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEL	METERY OF CREMATORY 24D. LOCATION (City, lown, or county) (State)								
BURIAL 5/25/1972 GLEN	HAUSN CEM. GLEN BURNIS AACO MD								
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRA	AR 25C SUNERAL DIRECTOR ADDRESS								
UN 95 1972 (W.S. J. E. W. S. M. M. P.	or a lepar protay ber Som Rumansali Ho								
VS 150-REV. 1/1/68									



ting cause of death deause; (5) Deceased Such 0 death. attendance 0 prior contributing (4) Undetermined made. in regular deceased disposition is death 10 WOS the assistant if death DO final attendance fracture of any pronounced 10 embalmed regular who 4 before the remains are 3 physician chief medical (6) No physician was medical any nature; (2) Body the 0 where he body was released to the hospital approved (except and

of hospital death)

shows: (1) An accident

0

prior to

pespese

VS 150-REV. 1/1/68

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D.O.A.

SD

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BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) ELIZABETH. A. 1211 72. 8.32 IE 4. USUAL RESIDENCE I Where deceased lived, If institution; residence before admission) 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONQUINCED DEAD 1369. Pent. wood Road. Ballimore 39, Maryland HOSPITAL OR ADDRESS OF LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? Ballimore 19 Norylan NO YES X Memorial E. STREET AND NUMBER 1369. Pentwood. Road. 9. AGE (In years 5. SEX 6. RACE & DATE OF BIRTH If Under 1 Yes Il Under 24 Hrs. Months! Days Hours | Min. 7- MARRIED NEVER MARRIED White semale 28 WIDOWED IDA USUAL OCCUPATION (Give kind of workings, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE ISlate or foreign country 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired) May land. American HOUSE WIGE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Rey mann. Hilldebert XXXXXXXXXXXX SXXXXXXX Helen A. Smith 15. Was Deceased Ever in U. S. Armed Farces? (Yes, no or unknown) (If yes, give war or dates of service) 7. INFORMANT ADDRESS SECURITY NO. Migaryo M. D. Union Demond Hapirel No PABLO 213-10-3413 APPROXIMATE INTERVAL CAUSE OF DEATH BETWEEN ONSET AND DEATH Metastitic carcinoma of breast to live DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO, OR AS A CONSEQUENCE OF: of hiver. ANTECEDENT CAUSES Careinsmo DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 208 IF YES WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 19A CONDITION FOR WHICH OPERATION WAS PERFORMED 20A AUTOPSYT (Yes or No) 21 R. PLACE OF INJURY leage in or about 21 C. WHERE DID home, farm, factory, street, office bidge INJURY OCCUR? 21 A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (II in Baltimare City, give exect location) MEDICAL DEATH (notify medical examined obtained OF INJURY (Month) (Doy) (Year) (Houd 21E INJURY OCCURRED 215. HOW DID INJURY OCCUR? Not While While At (APPROX.) At Work Work 05-21-12-1972 21-22. I certify that (I) (this hospital) attended the deceased from. 5 2 (19 7 2 and that In(my) (aur) opinion death occurred on the date 99 that (i) (we) last saw the deceased alive an_ and haur and from the causes stated abave. (1) (We) (did) (did nat) view the body after death. must 23A. SIGNATURE 238 DATE SIGNED ablo Attending | 5-21-12 Med. Phys. approval 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS N. Kirkpahick CRAW DEGREE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) Baltimore Maryland Burial 5/25/ Moreland Memorial Park
NAM OF REGISTRAR
25C. FUNERAL DIRECTOR MAY 25 1972 Jake eonard, J., Ruck Inc. 5305 Harford Rd.

11/28/73 - Letter from Medical Records Dept., Union Memorial Hospital, 11/23/73.

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tarana t

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approved must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

3	-62	3 721	1495		HEALTH DEPARTMENT	REG. NO	72 04952		
1. N.A	ME OF DEC	EASED		Brocato	2. DATE	and hour of death	2:55A .		
3. PL	ACE IN BAL	TIMORE MARYLAND, W				here deceased lived. If inst	titution: residence before admission		
FULI	L NAME OF	(IF NOT IN HOSPIT	AL OR INS	TITUTION, GIVE STREET	Maryland C. CITY OR TOWN		2768 DE CITY LIMITS?		
INST	NOITUTION	1011 Ceda	rcroft	Road	Baltimore E. STREET AND NUMBER		YES NO NO		
-	10				1011 Cedarcr	oft Road			
S. SE	x Male	6. RACE Caucasian	7. MARRII	ED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 4- 15- 18	9. AGE (In years lost birthday) 54	If Under 1 Yr. If Under 24 Hrs. Manths, Days Hours Min.		
done	during most of	UPATION (Give kind of working life, even if retired) Contractor	108. KIND	OF BUSINESS OR INDUSTRY		oreign country)	USA		
13. F.	ATHER'S NA	ME Salvatore Bro	cato		14. MOTHER'S MAIDEN N	Josephine No	to (Zanti)		
IS. W	os Deceosed	Ever in U. S. Armed For	rcos?	1 6. SOCIAL	17. INFORMANT		ADDRESS		
	Yes	WW II	es at servic	security No. 218-03-7552	Mrs. Josephin	e Peddicord	Same		
ATION	DISEASES (nise In Ih UNDERLYIN OTHER SIGNII TO THE DEA	ANTECEDENT CAUSES OR CONDITIONS, if e abave cause (A) G CONDITION last. II FICANT CONDITIONS CO TH BUT NOT RELATED TO 1 CONDITION GIVEN IN PAI F OPERATION 198. CON WAS PER	ony, givi sloling (ONTRIBUTIN THE TERMIN TT I (A).	G AL	A CONSEQUENCE OF:	No 208. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?		
_ (OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF		21B. PLACE OF INJURY (e.g., i home, larm, foctory, street, al	n or about 21C. WHERE DID	(II in Boltimore	City, give exect location)		
MEDIC	21D. TIME DF INJURY (APPROX.)	(Month) (Day) (Year)		21E. INJURY OCCURRED While At At Wark		NJURY OCCUR?			
t	22. I certify that (I) (this hospital) attended the deceased from 1953 19 ta 1972 19 that (I) (we) last saw the deceased alive on 3/15/72 19 and that in (my) (our) apinion death accurred on the date								
2	3A. SIGNATI	eoud P. 7	sel	DEGREE Phys	nding Med.		S/2-2/7Z		
	NAME ()	Edward S		ins M.D. DEGREE	6000 Park He	ights Avenue			
	tombmer	specify) 1 5/23/		. NAME of CEMETERY of CRE ulaney Valley M		Baltimore Ma	n, town, or county) (State) aryland		
25A.	DATE REC'D		1 - 0	E OF REGISTRAR	Legard J. R	OR	Harford Rd. 2121		

THE SECOND COUNTY STATE STATE

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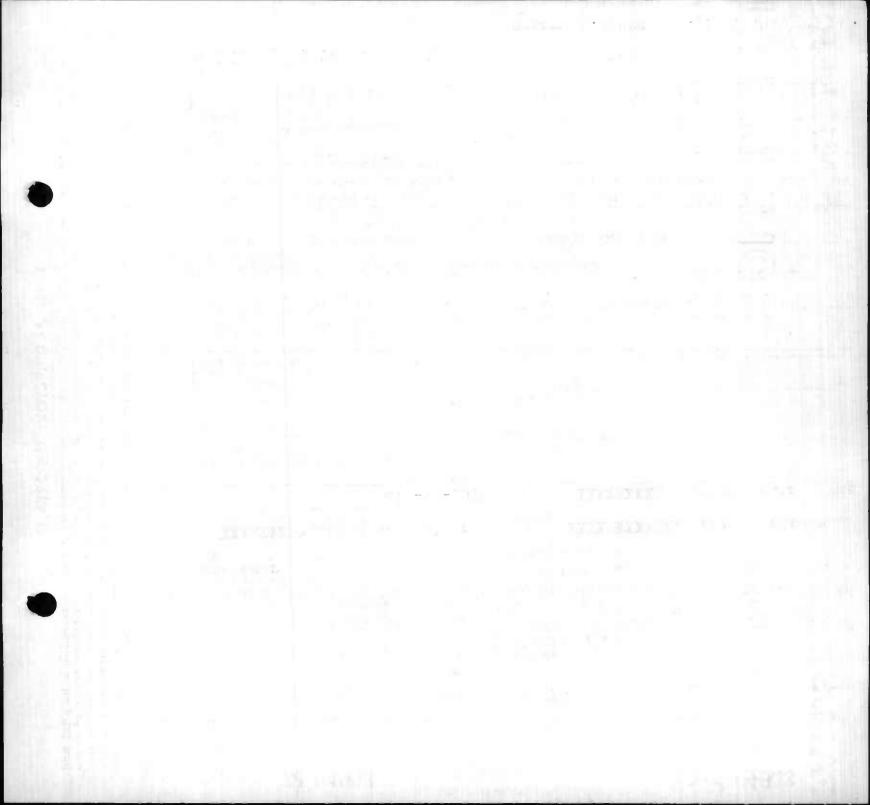
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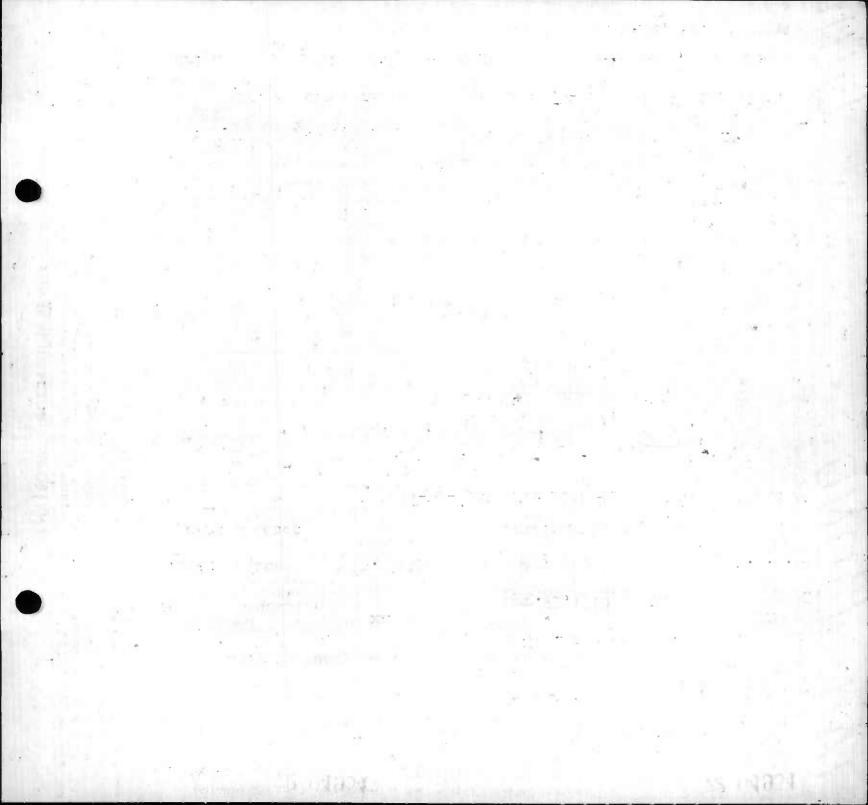
7 4-7 T & S. G. SE, C

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1)	BALTIMORE CITY	HEALTH DEPARTMENT		11) 11.10~~
BIRTH NO. 30 72 0495	3 CERTIFICA	TE OF DEATH	REG. NO.	72 04953
I. NAME OF DECEASED			D HOUR OF DEATH	
ROKTA MARY		Ka		Q M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	DNOUNCED DEAD	A. STATE & COUNT	t deceased lived. If in: TY	stitution: residence before admission)
FULL NAME OF HOSPITAL OR IN ADDRESS OR LOCATIONI	ISTITUTION, GIVE STREET	Maryland c.ciry og jown	D. INSI	DE CITY LIMITS?
44.	11 0 4	Balto		YES NO
UNION HPHORIAL	14028 1700	5 2105 Ll Ay	view so	05006 Hd
5. SEX 6. RACE 7. MARR	IED NEVER MARRIED	8. DATE OF BIRTH	ost birthdoy)	If Under 1 Ye, Il Under 24 Hrs. Months Doys Hours Min.
V WIDOV		12,23	10	
10A, USUAL OCCUPATION (Give kind of work 10B, KING done during most of working life, even if refired) Homemaker	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	•	ALLONG CAN.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM		1.2014000
DECKE MANAGEMENT J	oseph Klima	zbłytyp,	EXERCISES 1	Monio Polodno
15. Was Decessed Ever in U. S. Armed Forces? (Yos, no or unknown) (if yes, give war or dotes of servi	1 6 SOCIAL	17. INFORMANT	A A A A A A A	Marie Poledna ADDRESS
No	215-50-3372	Sex X	XXXXX Nort	oert Kokta Same
18. 2 5 0 0 1	CAUSE OF DEAT	1		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		10.4	1 10 .	BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAU		Heidny	2
heart failure, asthenia, etc. It means the dise	ose, DUE TO, OR AS	A CONSEQUENCE OF:		
injury or complication which caused death.) ANTECEDENT CAUSES	01.	11/22	0.0	
DISEASES OR CONDITIONS, if any, give	(B) PREC	A CONSEQUENCE OF:	DM.	
ise to the above cause (A) stating UNDERLYING CONDITION lost.		× chustdoeuce ou		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINA DISEASE OR CONDITION GIVEN IN PART 1 (A).	NG IAL			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 199. ALDATE OF OPERATION 198. CONDITION F WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING TO	OR WHICH OPERATION	20A- AUTOPSYI (Yes or Nel	208, IF YES, WERE F	INDINGS CONSIDERED
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B PLACE OF INJURY (e.g., in home, farm, factory, street, oliete.)	or about 21 C. WHERE DID	(If In Boltimore	City, give exact location)
O 21D-TIME (Month) (Day) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJU	IN OCCUPA	
210-TIME (Month) (Day) (Year) (Hour) OF (NJURY (APPROX.)	While At C Not While		okt Occoki	
	Work LJ At Work		- 1A	19 21 10 77
22. I certify that (i) (this hospital) attended	110 -1	- 02	mandanille 14 management	
that (i) (we) last saw the deceased alive			t in (my) (aur) apin	lan death occurred an the date
and hour and from the causes stated above 23A. SIGNATURE	e. (1) (We) (dld) (dld nat) v	lew the bady after death.		
6/01	Atte	nding Med	Stoff [7]	23R DATE SIGNED
23C.PHYSICIAN'S	DEGREE Phys		Phys.	rey (1)/2
TULLO BERTOR	-) P) DEGREE	UNION	Homor	WAR KUSP
24A. BURIAL CREMATION, 24B. DATE 246 REMOVAL (Specily)	C. NAME of CEMETERY OF CRE	MATORY 24D. LO	CATION (City	, town, or county) (State)
Burial 5/25/72 25A. DATE REC'D BY HEALTH DEPT. 25B. NAM	Most Holy Red	Pemer Ba	timore Ma	ryland
MAY 25 1972 COLA C. VS 150-REV. 1/1/68	authors ASD. (3)	Legnard J.	luck Inc.	5305 Harford Rd



	1-520 72 04954	BALTIMORE CITY	HEALTH DEPARTMENT		72 04954					
BIR	TH NO.	CERTIFICA	TE OF DEATH	REG. NO	72 04854					
1.1	AME OF DECEASED	TANOS		HOUR OF DEATH						
	FRANK VINC			2, 1972	5: 45 A M.					
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	A. STATE B. COUNT	Y	o 2 2					
FU	LL NAME OF (IF NOT IN HOSPITAL OR IN:	STITUTION, GIVE STREET	Maryland		000					
IN	STITUTION		Baltimore	D. INS	SIDE CITY LIMITS? YES X NO					
	2870 Kentucky	Ave.	E. STREET AND NUMBER		TES [A] NO					
			2870 Kentuc	ky Ave.						
S.	SEX 6. RACE 7. MARRI	EDX NEVER MARRIED	B. DATE OF BIRTH	AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours! Min.					
	male caucasian widow	ED DIVORCED	Mar.23,1910	62	1000					
	USUAL OCCUPATION (Give kind of work 108, KIND during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or loreig		12. CITIZEN OF WHAT COUNTRY					
		t. City	Maryland		U.S.A.					
	FATHER'S NAME	0. 010)	14. MOTHER'S MAIDEN NAM	N.E.	Uapara					
	Frank A Janos		Antoinnette	Voneleck	· v					
1s.	Was Deceased Ever in U. S. Armed Forces?	16. SOCIAL	17. INFORMANT	VOPATECK	ADDRESS					
	s,no orunknown) (II yes, give war or dotes of service)	216-07-833	Mrs Mildre	d F Jance	Same					
	18, // / 0 / 1	CAUSE OF DEAT		~ 1 0 01100	APPROXIMATE INTERVAL					
	DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH					
	LEADING TO DEATH	(ANIMAMEDIATE CAL	SE CARDIORNES P	RATORY K	HEREST					
	(This does not mean the mode of dying,	DUFTO OR AS	A CONSEQUENCE OF:							
	injury or complication which caused death.)	heorl loilure, osthenio, etc. Il meons the diseose, injury or complication which coused death.)								
	ANTECEDENT CAUSES (B) CORUNARY ARTERY DISCASE									
		mg .	A CONSEQUENCE OF:							
	rise to the obove couse (A) stoling UNDERLYING CONDITION lost.	lhe (c)	PERTENSION							
	11									
NO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION									
ATION	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).		***************************************							
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FO	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?					
CERT	21A. ACCIDENT WAS UNDERLYING	218 BLACE OF INITIBY (o.g.	a at about 21 C WHERE DID	/II to Dolatono	City since and leastless					
AL C	OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i home, form, factory, street, ol etc.)	fice bldg., INJURY OCCUR?	(II In Boltimo	ore City, give exact location)					
DIC		21E INJURY OCCURRED	21F. HOW DID INJU	IRV OCCUR?						
ME	OF INJURY	While At Not While		oki occok:						
		Work At Work								
	22. I certify that (1) (this haspital) attended the deceased from NOVO 15 1969 to May 22 1972.									
	that (1) (we) last sow the deceased alive	that (1) (we) last sow the deceased alive an May 10 19 72 and that In (my) (our) opinion death occurred on the date								
	and hour and from the courses stated above. (1) (We) (did) (did not) view the body ofter death.									
	23A. SIGNATURE		23B, DATE SIGNED							
	18 Munde	DEGREE Phys	nding Med.	Staff Phys.	5-22-77					
	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS							
	Dr. Marcio Me	nendez	5820 York R	oad, Balt	cimare, Md.					
24/		C. NAME of CEMETERY of CRI			City, town, or county) (State)					
	Burial 5/25/72	Holy Redeeme	r Ro	ltimore,	Maryland					
25/	A. DATE REC'D BY HEALTH DEPT. 258. NAA	AE OF REGISTRAR	25C. FUNERAL DIRECTOR	LOTHOLES.	ADDRESS					
	MAY 25 1972 Pober Ex	alla ALM	Leona and A.	Ruck. Ind	cBaltimore, Md					
1/5	100 DEV 1/1/40	7	+ 3 7 7 V							



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approved by the chief medical examiner or his assistant if death occurred in a hospital and to the hospital by a medical examiner. Also, if the direct or contributing cause of death of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased al (except where the physician who pronounced death was in regular attendance on the h); and (6) No physician was in regular attendance on the be obtained before the remains are embalmed or final disposition is made.
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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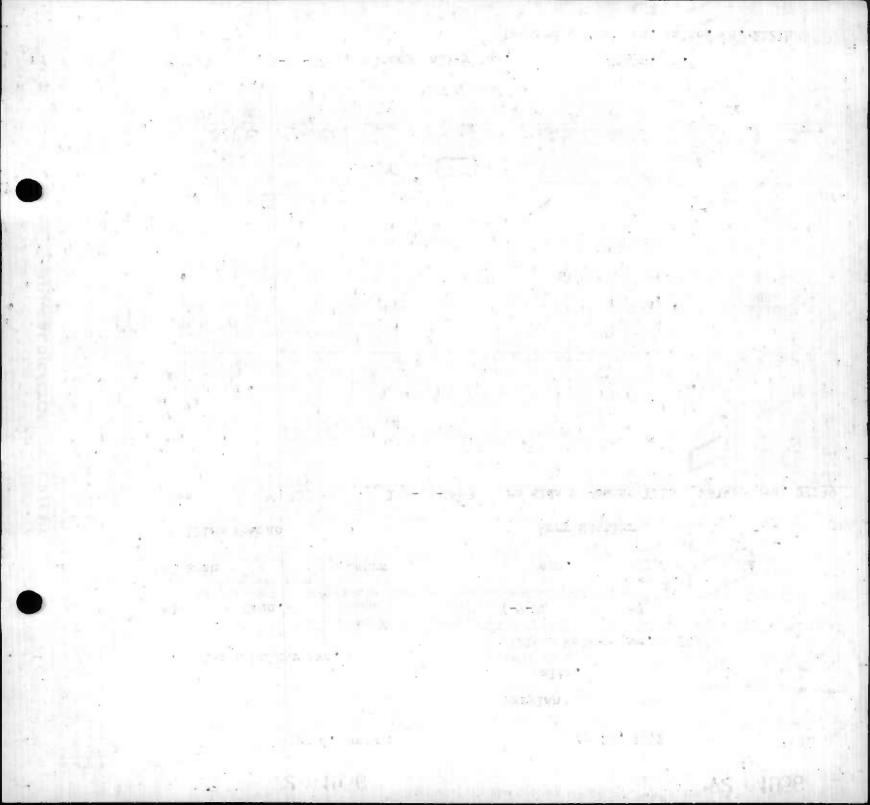
0	A loss	400	BALTIMORE CITY	HEALTH DEPARTMENT		72 04955
_50	0 72 0	4955	CERTIFICA	TE OF DEATH	REG. NO	
INAME OF DE	Tina Estelle	Chinn	-1-1-1-1	2. DATE	AND HOUR OF DEATH May 20, 1972	6:00 A.M.
3. PLACE IN BA	ALTIMORE, MARYLAND, W	HERE PRONOL	JNCED DEAD	4. USUAL RESIDENCE ()		stilution: residence before admission)
FULL NAME O	F (IF NOT IN HOSPIT	AL OR INSTITU	JTION, GIVE STREET	Maryland	301111	2641
HOSPITAL OR	ADDRESS OR LOCA	ATION)	THOM, GIVE STREET	c. CITY OR TOWN Baltimore	D. INS	IDE CITY LIMITS? YES NO NO
4904	Frankford Aver	nue		E. STREET AND NUMBE		YES- NO NO
Female	6. RACE Caucasian	7. MARRIED [WIDOWED [B. DATE OF BIRTH Aug 2, 1916	9. AGE (In years lost birthday)	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
	CUPATION (Give kind of work of working lile, even if retired)		Security	11. BIRTHPLACE (State or Tenn.		12. CITIZEN OF WHAT COUNTRY
13. FATHER'S N.	AME atimer Lunsfor	d		14. MOTHER'S MAIDEN	owdella Canup	n
5. Was Decease	ed Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT	owdorra oartab	ADDRESS
	wn) (II yes, give war ar date	s of service)	SECURITY NO.	Mrs Pordelle	EXERC Tonoco	
No	4 - 9		CAUSE OF DEAT		Lunsfo Lunsfo	rd Same
rise to	ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) NG CONDITION lost.	any, giving	(B)(C)	A CONSEQUENCE OF:		15905
TO THE DE	VIFICANT CONDITIONS CO ATH BUT NOT RELATED TO T CONDITION GIVEN IN PAR OF OPERATION 198 CON	HE TERMINAL		107412313	Noll 208 IE VEC WESE	FINDINGS CONSIDERED
19A. DATE O	WAS PER		WHICH OPERATION	ZOA. AUTOPSTYTTES O	IN CERTIFYING CA	USES OF DEATH?
OR CONTRI	DENT WAS UNDERLYING DIBUTING CAUSE OF		e, larm, loctory, street, o	n ar about 21 C. WHERE DI	(11 in Baltimor	re City, give exact location)
21D. TIME OF INJURY (APPROX.)	(Manth) (Doy) (Year)		INJURY OCCURRED ILE At Not While At Work	e —	INJURY OCCUR?	
22. I certif	fy that (1) (this hospital	l) ottended ti	he deceased from	June	1957 to	144 20 1972
	e) lost saw the decease and from the couses sto TURE		We) (did) (did not)	1	d that (n(my) (our) opi	238. DATE SIGNED
23C. PHYSIC NAME	TYON C	Cas	DEGREE Phy	23D. ADDRESS	Stoff Phys.	12/11/25
NAME	(Type) Leon Kass	sel	MD.	222 W. Cold	d Spring Lane	Balto. Md.
24A. BURIAL CI	REMATION, 248. DATE	24C. NA	DEGREE AME of CEMETERY of CR	EMATORY 241	D. LOCATION (C	ity, town, or county) (State)
Burial		72 For	t Lincoln Cem	eterv	Prince Georges	s County Maryland
	'D BY HEALTH DEPT.	25B. NAME C	DE PEGISTRAR	25C. FUNERAL DIREC	TOR	ADDRESS
11.54	¥ 2.5 1972 76	BE EA	3024, M.O.	Leonard	J. Ruck Inc. H	Salto. Md.
VS 150-REV."1/	1/68	1 7	I bom to	0 7 0	0	

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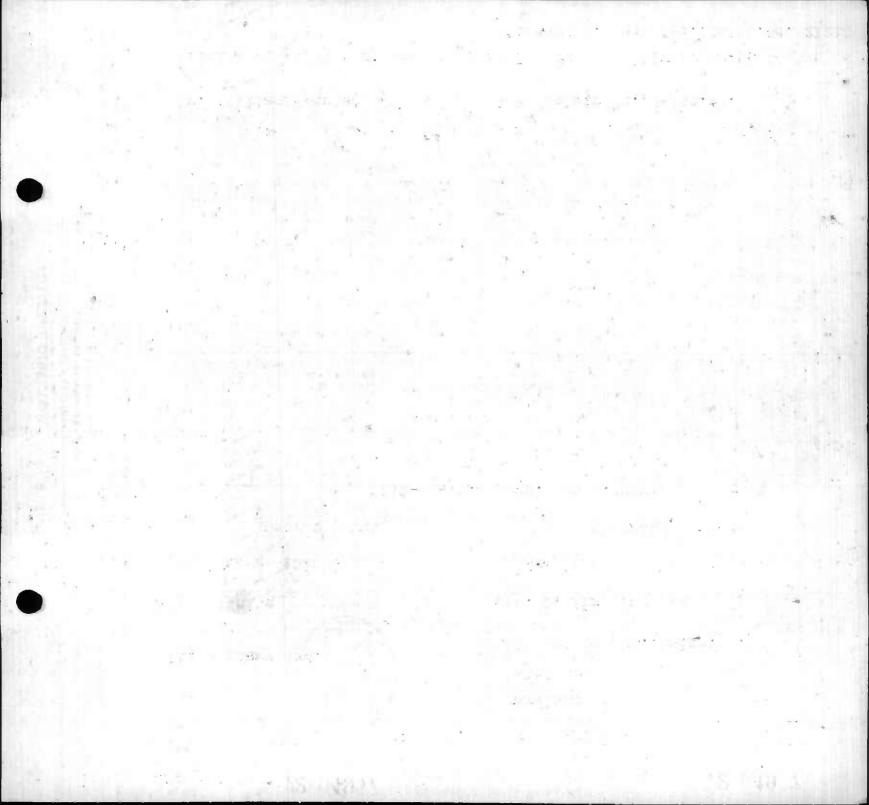
VI / - / II		This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such written approval must be obtained before the remains are embalmed or final disposition is made.	
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0	(1710)	1050	BALTIMORE CITY	HEALTH DEPARTME	ENT	70 04050			
10-550	72 0	4956	CERTIFICA	TE OF DEA	TH REG. NO.	72 04956			
BIRTH NO.			CERTIFICA		4				
1, NAME OF DEC (Type or Print)		J. Bowma	an		ay 20, 1972	7:30 A			
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENC	E (Where deceased lived, COUNTY	Il institution; residence before admission			
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	UTION, GIVE STREET	Maryland	· LALT	0 530			
INSTITUTION				Balto		YES NO NO			
0 0 121	6 B Walker Av	7e •		1216 B Wa	ABER Alker Ave. 212	239			
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	II Under 1 Yr. , II Under 24 Hrs.			
Male	Cauc.	WIDOWED	DIVORCED	7-9-04	lost birthdoy)	Months Days Hours Min.			
	UPATION (Give kind of work working life, even if retired)		BUSINESS OR INDUSTRY		or loreign country)	12. CITIZEN OF WHAT COUNTRY			
3. FATHER'S NA	MF	Sear	5	Penn .	EN NAME	USA			
J. PATTIER J. IVA	VIL			14. MOTHER'S MAID	EN NAME				
	m Bowman			Mary	Rattler				
5. Was Deceased	Ever in U. S. Armed For	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS			
Yes	WW II		173-05-4593	Mrs Flds C	Rowman 1914	B Walker Ave. 21239			
18. 1.1	9 .		CAUSE OF DEAT	H IND MINE O	DOMINGIT TSTO	APPROXIMATE INTERVAL			
7/6	SE OR CONDITION DI	DECTIV				BETWEEN ONSET AND DEATH			
DISEA	LEADING TO DEATH	RECIET		MALOL.	Lich wilcom	Ar.			
(This does n	al mean the mode of	dying, e.g.,	(A) IMMEDIATE CAL	A CONSEQUENCE OF:	I may 14 Dans	100			
heart failure,	asthenia, etc. It means	the diseose,							
	plication which caused		- 10		0 0	a Laha			
	ANTECEDENT CAUSES		(B) Other	osclewta	Carellis Tuses	in apressi			
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving (B) OUE TO, OR AS A CONSEQUENCE OF:								
	rise to the above cause (A) stating the UNDERLYING CONDITION lost.								
ONDEREN	UNDERLYING CONDITION Tost, (C)								
OTHER SIGNIE	IL CANT CONDITIONS CO H BUT NOT RELATED TO T	HE TERMINAL							
19A. DATE OF	OPERATION 198, CON		WHICH OPERATION	20A. AUTOPSY? (Ye	s or Noll 208, IF YES. WE	ERE FINDINGS CONSIDERED			
	WAS PER	FORMED	WILLIAM OF EXAMINATION	No		CAUSES OF DEATH?			
OR CONTRIBLE DEATH (notify	TWAS UNDERLYING DITING CAUSE OF	21 8. hom etc.	PLACE OF INJURY (e.g., e, form, foctory, street, o	in or obout 21 C. WHERE INJURY OC	DID (If in Bolt	imore City, give exact location)			
21 D. TIME OF INJURY	(Month) (Doy) (Year)	(Hour) 21E.	INJURY OCCURRED	21F. HOW E	OID INJURY OCCUR?				
OF INJURY		Wh	ile At Not Whit	• 🗆		799			
		Wo							
22. I certify	that (1) (this hospita	ottended t	he deceosed from	4.10	19 7 20	5-4 19.72			
that (I) (we)	lost saw the decease	d olive on	5.4	1972	ond that In my (our)	opinion deoth occurred on the do			
and hour on	from the course sto	ed shave (De (did) (did not)						
23A. SIGNATU		ed obove. Q	Diffe (ala) (ala Holl)	riew the body offer	deom.	238, DATE SIGNED			
1	11001	1.	A D. AM	ending Med.	Shoff D	236. DATE STONED			
DIN	100. Du	un s	OEGREE Phy	s. Director	Phys.	5.22.12			
PHYSICIA NAME (T	ype)	C		23D. ADDRESS					
			OEGREE						
4A. BURIAL CRE REMOVAL (MATION, 248. DATE	24C. N	AME OF CEMETERY OF CR	EMATORY	24D. LOCATION	(City, town, or county) (State)			
Burial	5-20-7	2 Inil	aney Valley C	em -	Balto. Md.				
	BY HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL DI		ADDRESS			
MAY 2	5 1972 Rube	E. Rale				lto. Md. 21214			
/S 150-REV. 1/1/	6 B	4	d form	7 3 7 1	7 (



was D.O.A. of a hospitol (except where the physicion who pronounced death wos in regulor ottendonce on the deceased prior to death); and (6) No physician was in regulor ottendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any noture; (2) Body burns; (3) A fracture of any kind; (4) Undetermined couse; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death accurred in a haspital and

1/102 72 0495	BALTIMORE CITY	HEALTH DEPA	RTMENT		1910				
14-623	CERTIFICA	TE OF D	EATH	REG. NO.	72 04957				
1. NAME OF DECEASED (Typo or Print) JOHN	HORST SR.			HOUR OF DEATH	М.				
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO		4. USUAL RES		deceased lived, If in	nstitution: residence before admission)				
FULL NAME OF (IF NOT IN HOSPITAL OR INS HOSPITAL OR ADDRESS OR LOCATION)	TITUTION, GIVE STREET	Maryl	WN	D. INS	IDE CITY LIMITS?				
4417 Asbury Ave.		Balti			YES 🛣 NO 🗌				
4417 ASSULY AVE.				Ave.,Balt	o.Md.				
	ED X NEVER MARRIED	8. DATE OF BIL	95	AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.				
Male White WIDOW		Oct. 5	E (State or foreig	76 XX	12. CITIZEN OF WHAT COUNTRY?				
done during most of working life, even if retired)			_ (0.0.0	,,					
Tool Maker Retired		Mar 14. MOTHER'S	yland MAIDEN NAM	F	USA				
George Hors	St 1 6. SOCIAL	17. INFORMAN		nerine Tr	ADDRESS				
(Yes, no or unknown) (If yos, give wor or dates of service	SECURITY NO.								
No. 18, / 3 1	212-03-1932 CAUSE OF DEAT	Mrs.	Ada M.	Horst	Same APPROXIMATE INTERVAL				
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEAT	Hora	ho Ova	itis 0	BETWEEN ONSET AND DEATH				
LEADING TO DEATH	(A)IMMEDIATE CAL	ISF ()	Witen	s - Javene	en 12-14/10.				
(This does not mean the made of dying, e heart lailure, asthenia, etc. It means the disea	(This does not mean the made of dying, e.g., heart follows a sharing etc. it means the disease								
injury ar complication which coused deeth.)									
ANTECEDENT CAUSES	(B) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
	DISEASES OR CONDITIONS, if any, giving DUE TO, ON AS A CONSEQUENCE OF:								
UNDERLYING CONDITION lost.	(c)	**********							
_ II									
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMING DISEASE OR CONDITION GIVEN IN PART I (A).									
	OR WHICH OPERATION	20A. AUTOP	SY? (Yes or No)	20B. IF YES. WERE	FINDINGS CONSIDERED				
19A. DATE OF OPERATION 19B. CONDITION FO WAS PERFORMED		No		IN CERTIFYING CA	USES OF DEATH?				
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (o.g., i home, form, foctory, stroet, o etc.)	n or obout 21 C. V frice bldg., INJUI	VHERE DID	(If in Boltimo	re City, give exact lacotion)				
O 21 D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. H	OW DID INJU	RY OCCUR?					
OF INJURY (APPROX.)	While At Not While								
	Work L At Work	Mar	15	20.	18 18				
22. I certify that (I) (this haspital) attende	P Ci	1077		10	19 1				
that (1) (we) last saw the deceased alive a				fin(my) (our) op	Intan/death accurred on the date				
and haur and from the causes stated above	. (I) (We) (aid) (aid not) \	lew the body	atter death.		23B, DATE SIGNED				
Serrolla Y Vo			Med.	haff hys.	5-19.72				
23C. PHYSICIAN'S	DEGREE Phy	23D. ADDRESS	Director L F	'nys. □	3111				
Dr. William Fearing			Belair 1	Rd., Balto	.Md.				
24A. 8URIAL CREMATION, 24B. DATE REMOVAL (Specify)	NAME of CEMETERY OF CR	EMATORY	24D. LO	CATION (C	City, town, or county) (State)				
	Moreland Memo		ark DIRECTOR	Baltimore	e Maryland ADDRESS				
MAY 25 1972 PREE 308	NO 2 O O	Leona	rd.J.d	Ruck Inc.	,Balto.Md. 21214				
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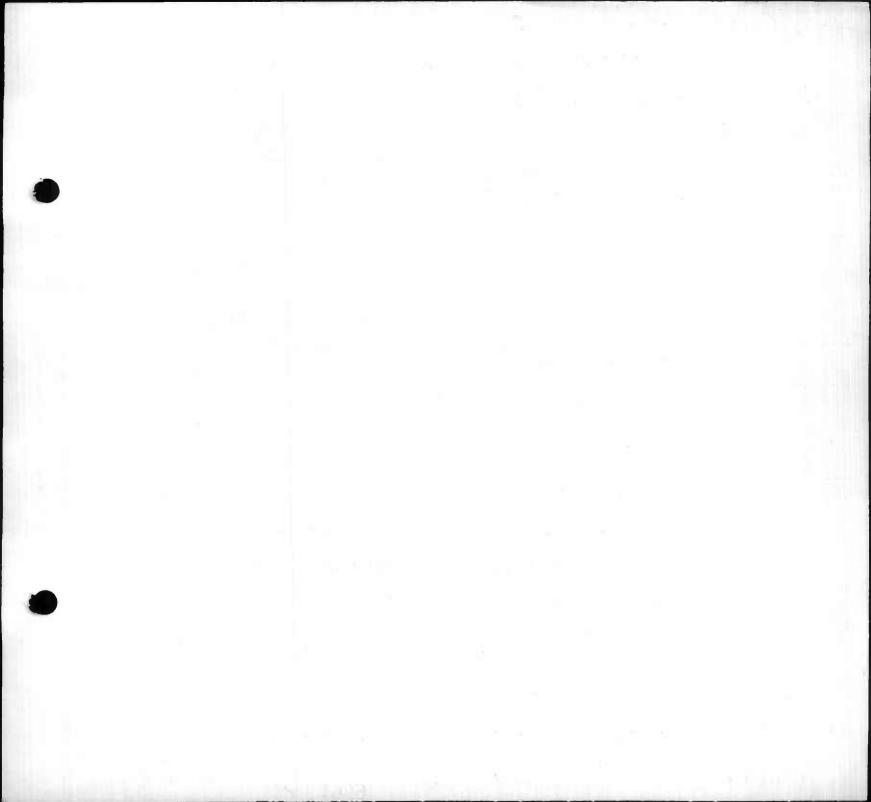
VS 150-REV- 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT 72 04958 72 04958 CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH IType or Print) ONNelly 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD USUAL RESIDENCE (Where decosed lived, If institution; residence before admission) FULL NAME OF HOSPITAL OR (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) MARYIAND INSTITUTION C. CITY OR TOWN D. INSIDE CITY LIMITS ALT, more YES P NO E. STREET AND NUMBER 5. SEX MARRIED NEVER MARRIED 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. ost birthday MALE WIDOWED DIVORCED V 25-22 50 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote at foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired) MARY/AND Chauffeur Diamond Cab Co. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CONNElly Diceased EDNA Willison 15. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL 7. INFORMANT ADDRESS (Yes, no or unknown) lif yes, give wor or dotes of service) SECURITY NO. es WW LL 217-14-4694 Mrs. Olga Connelly Same 18. / CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. Il means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise la the above cause (A) stating the UNDERLYING CONDITION lost OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CERTIFICATIO TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A-AUTOPSY? (Yes or No.) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID hame, farm, factory, street, affice bidg., INJURY OCCUR? (II In Boltimore City, give exact location) MEDICAL DEATH Inotify medical examined etc.) 21 D. TIME (Month) (Doy) (Yeor) (Hous) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not White While At [APPROX] Work At Wark 22. I certify that (I) (this hospital) attended the deceased from that (1) (we) last saw the deceased alive on and that in (my) (aut) opinion death occurred on the date and haur and from the causes stated above. (i) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23 B. DATE SIGNED Attending Med. Director Phys. 23 C. PHYSICIAN & 23D. ADDRESS 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stotel Baltimore Maryland Valley Cemetery Dulanev 258, NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Leonard J. Ruck Inc. 5305 Harford Rd. 21214

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be approved by the chief medical examiner or his assistant if death occurred in a hospital and to the hospital by a medical examiner. Also, if the direct or contributing cause of death tof any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceases ital (except where the physician who pronounced death was in regular attendance on the ath); and (6) No physician was in regular attendance on the deceased prior to death. Such at be obtained before the remains are embalmed or final disposition is made.	
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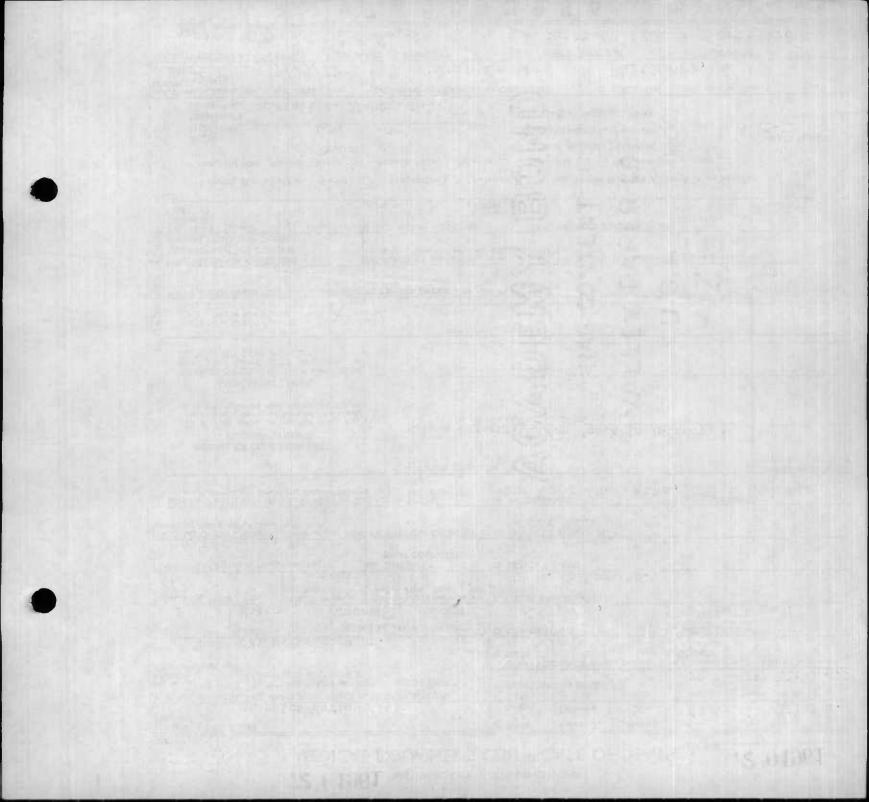
3-656 72 04959 BIRTH NO.		HEALTH DEPARTMEN		72 04959				
NAME OF DECEASED	IE GRI	2. DAT	AND HOUR OF DEATH					
			- 24-72	5-45 A				
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED	DEAD	A. STATE B. C.	Where deceased lived, If in OUNTY	nstitution: residence before admissio				
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, ADDRESS OR LOCATION)	GIVE STREET	md.	en und	2802				
HOSPITAL OR ADDRESS OR LOCATION		C. CITY OR TOWN	D. INS	IDE CITY LIMITS?				
Lutheran SospiTul of n	randoul	BALTO		YES NO P				
46	, or of carees	E. STREET AND NUMBER	r yahork A	VE_				
Female 6. RACE N 7. MARRIED NE	VER MARRIED DIVORCED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	il Under 1 Yr. If Under 24 H Months Days Hours Min.				
OA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSIN		11. BIRTHPLACE (Stote or	874M.	12. CITIZEN OF WHAT COUNT				
and during mast of working life, even il rettred)	in	Muccias S						
3. FATHER'S NAME	-/-	14. MOTHER'S MAIDEN		USA				
unthin	,	Un hanhan						
S. Wes Deceased Ever in U. S. Armed Forces? 16. SC (es,no or unknown) ((1) yes, give wor or dates of service) SE	CIAL	17. INFORMANT		ADORRES				
SE	CURITY NO.	Chart	INCOR GRA	on cos Koyal				
18. 25011	CAUSE OF DEATH	1		APPROXIMATE INTERVAL				
DISEASE OR CONDITION DIRECTLY			1	BETWEEN ONSET AND DEA				
LEADING TO DEATH	(A) IMMEDIATE CAU	SE Ca of 6	aucreas.					
LEADING TO DEATH (This does not meon the mode of dying, e.g., heart loilure, asthenia, etc. It means the disease,								
ANTECEDENT CAUSES DISEASES OR CONDITIONS, il ony, giving DUE TO, OR AS A CONSEQUENCE OF: OR CONDITIONS OF COMPANY OF C								
DISEASES OR CONDITIONS, il ony, giving	2020							
rise to the obove couse (A) stoling the UNDERLYING CONDITION last.	in Dials	etes mellitis	Serile Debil	ile.				
1								
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING								
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	*************							
	OPERATION	20A. AUTOPSY? (Yes or	Nol 208, IF YES, WERE F	FINDINGS CONSIDERED				
WAS PERFORMED			No. 208, IF YES, WERE P	USES OF DEATH?				
THE PERSON NAMED IN THE PE	OF INJURY (e.g., in foctory, street, off	or obout 21 C. WHERE DIE	(If to Boltimore	e City, give exact location)				
21D-TIME (Month) (Doy) (Year) (Hour) 21E INJUR	YOCCURRED	21F. HOW DID	INJURY OCCUR?					
(APPROX.) While At [Not While							
Work L	At Work	16 - 79		911 71				
22. I certify that (N (this hospital) attended the december (N (we) last saw the deceased alive on 5	ased from 2	-15-12	_19					
that (V (we) last saw the deceased alive on	-4 12/4	-1549M ond	that in (my) (aur) opin	nion deoth occurred on the da				
and have and from the causes stoted obave. (1) (We)	and have and from the causes stoted obave. (1) (We) (did) (did nat) view the bady ofter death.							
23A. SIGNATURE			/	23 B, DATE SIGNED				
Na/-	Dhim	ding Med.	Staff Phys.	5-24-72				
23C. PHYSICIAN'S NAME (Type) LA VA T A LLAGE D EAST	DEGREE	3D. ADDRESS	HOSPITAL	OF MARYLAND.				
FAYAZ AHMED FAIZ	DEGREE	730-ASH	BURTON STRE	EET. BALTIMORE:				
BEMOVAL (Specify)	CEMETERY OF CRE	MATORY 24D		y, town, or county) (Stole)				
SA. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGIS		4-2						
		25C. FUNERAL DIRECT		638ngilmas				
. 10 8 8 8	resid of	I Imanda	ar / hays	67011/11/11/11				
150-REV. 1/1/68								



BALTIMORE CITY HEALTH DEPARTMENT 72 04960 CERTIFICATE OF DEATH REG. NO. 72 04 CERTIFICATE OF DEATH PAY 23, 1972 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 14. USUAL RESIDENCE (Where deceased lived. If institution; residence	300
(Type or Print) WILSON, MABEL L MAY 23, 1972 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD 14. USUAL RESIDENCE (Where deceased lived, If institution; residence	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution; residence	10:15Am.
A. STATE B. COUNTY	before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN ID. INSIDE CITY LIMITS?	34
RAITIMODE	Пои
ST. AGNES HOSPITAL E. STREET AND NUMBER	
731 STAMFORD RD 21229	
S. SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) Months: Days	If Under 24 Hrs.
FEMALE CAUCASIAN WIDOWED XX DIVORCED 10/14/90 10st birthdoy) Nonths Doys	riours Polin.
OA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF	WHAT COUNTRY
lone during most of working life, even if refired) MARYLAND U.S.A	4.
3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
GREENBERRY BROWN EVA MADDOX BROWN	
5. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRE	SS
Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 220-32-0850 ST AGNES HOSPITAL RECORDS	
The state of the s	XIMATE INTERVAL
DISEASES OR CONDITIONS, if any, giving Due TO, OR AS A CONSEQUENCE OF: itise to the above cause (A) stating the UNDERLYING CONDITION last. (C)	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No) 20B. IF YES, WERE FINDINGS CONSIL IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID (If in Boltimore City, give exect lies)	DERED
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID INJURY OCCUR? office bidg., INJURY OCCUR?	ocotion)
21D. TIME (Month) (Day) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
OF INJURY While At Not While At Work At Work	
MAV 12	10 77
22. I certify that (I) (this hospital) difference the deceased from	19 / 4
	rred on the dot
ond hour ond from the couses stoted obove. (I) (We) (did) (did not) view the body ofter deoth.	
23A. SIGNATURE 23B. DATE SIGNE Med. Shaff (7) 5 / 2 3	
Attending Med. Staff 5 / 2 3	
23C. PHYSICIAM'S NAME (Type) 23D. ADDRESS BALTO, MD 21229	172
MADHU JOHN M.D. GEGREE ST. AGNES HOSPITAL; CATON & WIL	172
GEORGE	
24A, BURIAL CREMATION, 24B, DATE 24C, NAME of CEMETERY of CREMATORY 24D, LOCATION (City, town, or county	LKENS AV
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county REMOVAL (Specify)	LKENS AV
24A. BURIAL CREMATION, REMOVAL (Specify) Burial 24B. DATE 24C. NAME of CEMETERY of CREMATORY Burial 24C. NAME of CEMETERY of CREMATORY Baltimore, Maryland	LKENS AV
Burial 5/26/72 Lorraine Park Mausoleum Baltimore, Maryland	LKENS AV

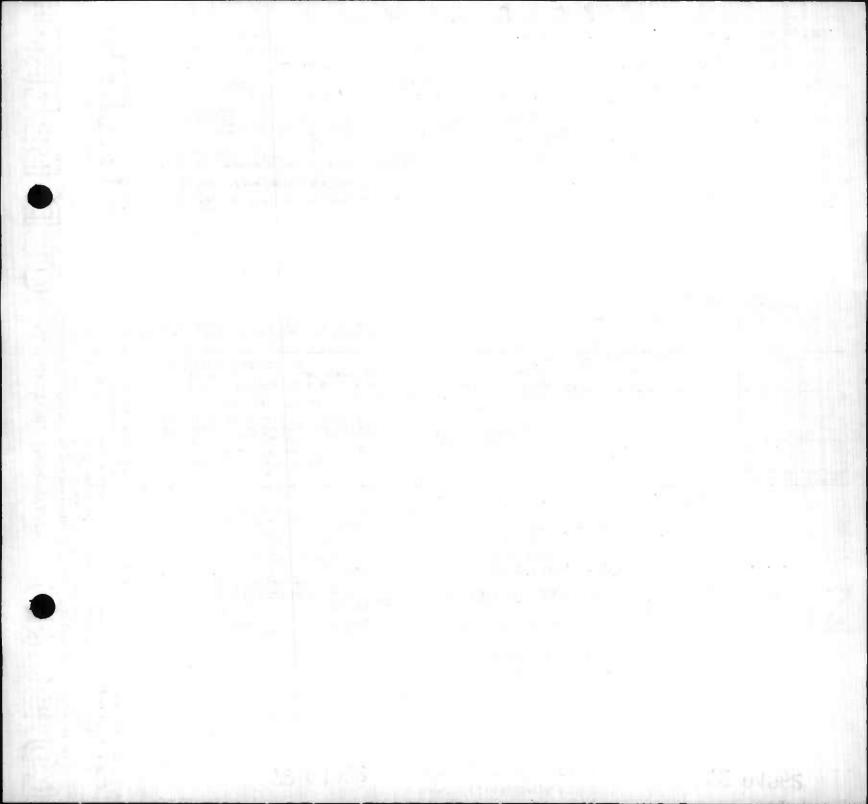
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	2-30	7	72 (1490	51	BALTIMORE CITY HE	ALTH DEPAR	RTMENT				1400	-
	D 5.	7-03:	MED	ICA	L EX	CAMINER'S	CERTIFIC	CATE OF	DEAT	H REG. NO.	12 (3496:	1
-	NAME OF DEC	FASED	20 3				2. DATE						
(Ty	pe or Print)		hita Ma	ria	Rott	c	OF	Known 🖾	Month 5	2.2	72	Hour 11.05	
4.	PLACE IN BAL						DEATH 3. DATE	Estimoted [Month	Doy	Yeor	11:05	а.м.
FU	LL NAME OF SPITAL INSTITUTION					DN, GIVE STREET	PRONOL	JNCED DEAD	5	22	72	11:05	- 141
	()	821 1	N. Calh	0110	C+		A. STATE	SIDENCE (Where	deceosed	B. COUNTY	n: residence	before odmi	ssion)
6.	SEX	7. RACE	W. Calli			NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE C	TY LIMITS?	460	
	F	Negro	0		WED	_	Balt	imore,				🗆	
9.	PATE OF BIRT		10. AGE (In	yeors	If Une	der 1 Yr. If Under 24 Hrs.		ND NUMBER		Υ.	ES L	ио Ц	
	3/3/12		lost birthdo	y)	Month	Doys Hours Min.	021 N	Calhaum	C+				
11.	BIRTHPLACE (S	tote or fore	3 mon	Ens	12. CI	TIZEN OF	13. FATHER	. Calhoun	St.				
	D 7		2.0		1 -	HAT COUNTRY?			_				
14A don	.USUAL OCCU	PATIONICA	ve kind of work	4B. KIN	O OF B	USINESS OR INDUSTRY	15. MOTHER	MAIDEN NA	Ret	ts			
							100	e Ann Do	owney				
16. (Ye	WAS DECEAS s, no or unknown)	(il yes, give	Wor or doles	FORCE of service	S?	SECURITY NO.	Mrs H	ose Ann	Bett	s, 821	N Ca	lhoun	
	19. 7 9	5 V				CAUSE OF DEA	TH					PROXIMATE IN	
	DISEAS	E OR CONT	DITION DIREC	TIV							BETW	ÆEN ONSET A	ND DEATH
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	LEADING TO		-161		(A)IMMEDIATE C	Auer Sud	lden death	in i	nfancy			
	(This does n	of meon the	mode of dyi	ng, e.g.,			S A CONSEQU		LII L	irrancy			
	Injury or con	plication wh	Ich caused deo	th.)									
	1A	NTECEDENT	CAUSES			(a)							
	DISEASES O	OR CONDITI	ONS, IF ANY	GIVING		(B) DUE TO, OR	AS A CONSEC	UENCE OF:					
7	UNDERLYIN	IG CONDIT	TION LAST.	ING INE		(c)							
Q			II			(C)							
CERTIFICATION	OTHER SIGN	IFICANT CO	NDITIONS CO	NTRIBU	TING								
TE	DISEASE OR	CONDITION	GIVEN IN PA	RT 1 (A)		***************************************							*********
띘	20A. DATE OF	OPERATIO	N 20B. CON	DITION	FOR W	WHICH OPERATION WA	S PERFORMI	ED	1		21. AUTO	PSY? (Yes o	r No)
					100							res	
EDICAL	22A. EXTERI UNDERLYING	OR CON			22B. PL home,	ACE OF INJURY (e.g., form, loctory, street, office	In or about 22 bldg., etc.) IN	UC. WHERE DID (in Boltimo	re City, give exa	ct location)		
MED	UTING CA	USE OF DEA	ATH.										
2	OF INJURY	Month) (I	Doy) (Year) (Hou		E.INJURY OCCURRED		F. HOW DID INJ	URY OCC	UR?			
	(APPROX.)				m. WC	RILE AT NOT	ORK						
	23.	(d . l !			7		[2]						
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	resuit	ed from: N	datural cous	10 s 65	Ac	cident L Suicid	e L Hor	nicide U	Indetermi	ned monner			
	ACTUAL		(1)	K	1	1	С	HIEF MEDICAL EX	KAMINER	X		DATE SIGN	IED
	SIGNATU	IRE	10	11/2	vo	M.D.	ASSIS	TANT MEDICAL EX	KAMINER		5-22		EU
	EXAMINE NAME (T.	77	ssell S	. Fi	sher	c. M.D.	ASSO	CIATE MEDICAL EX	CAMINER				
	NAME (T	AATION,	24B. DATE			NAME of CEMETERY	OF CREMATOR	DV 1240	OCATION	IC:		10	1
	MOVAL (Specif		E /2E /2	20	200						, or county)	(Stot	e)
254	Burial DATE REC'D	BY HEAITH	DEPT.	258 N	AMEC			<i>U</i>		more, A			
231	C	A APPLIA		1		OF REGISTRAR		UNERAL DIRECTO		/ IV	DDRESS		
VS	151-REV. 1/1/68		Paleet	2 4	مين	12 M.D.	A	Halstead	1 120	O W C	orth A	ve	
			all the same	9	7	2000	3 9	5 6				V	



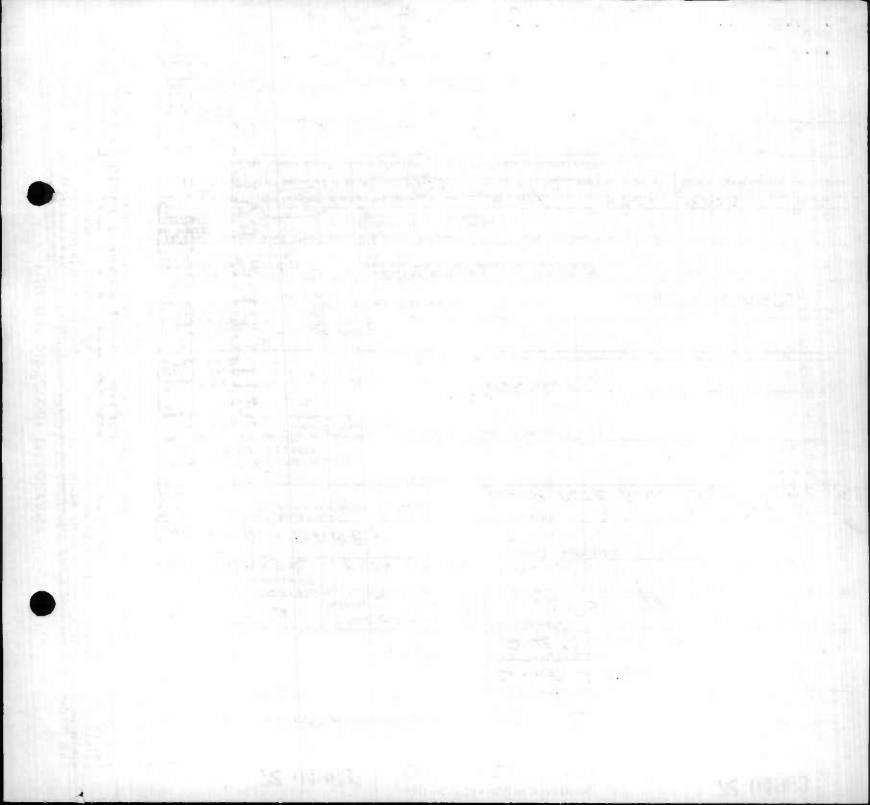
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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BALTIMORE C	ITY HEALTH DEPARTMENT
0-356 72 04962 CERTIFIC	CATE OF DEATH REG. NO. 72 04962
1. NAME OF DECEASED	2 DATE AND HOUR OF DEATH
Type or Print BUDDE MEXER, AMELIA H	ELEN 5-15-72 11 A.
3. PLACE IN BALTIMORE, MARYLAND, WHERE FRONDUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	a. STATE B. COUNTY 103
INSTITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS?
JOHNS HOPKINS HOSPITIAL	E. STREET AND NUMBER
33	2319 FleeT St.
5. SEX 6. RACE 7. MARRIED NEVER MARRIED [FEMALE WITH ITE WIDOWED DIVORCED [lost birthdoy) Months: Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if refired) Housewife Own Home	Baltimore, Maryland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
BROWN CHARLES	Pobalowski, KATheRINE
15. Was Deceased Ever in U. S. Armod Forces? 16. SOCIAL	17. INFORMANT ADDRESS
(Nos, no of unknown) (If yes, give war or dotes of service) SECURITY NO. 216-01-1703	Mrs Viola Neary 918 Wanda Road
18. OOOO I CAUSE OF DE	
A STATE OF THE STA	BETWEEN ONSET AND DEATH
LEADING TO DEATH	Latin Cell Screener Yyrs
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	AS A CONSEQUENCE OF:
injury or complication which caused death.)	
ANTECEDENT CAUSES	T 0000 0:
DISEASES OR CONDITIONS, if any, giving (B) DUE TO, OR	AS A CONSEQUENCE OF:
rise to the above cause (A) sloting the	en me la liner
UNDERLYING CONDITION last. (C)	Weever
Z	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING E TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A, DATE OF OPERATION WAS PERFORMED WAS PERFORMED 21A, ACCIDENT WAS UNDERLYING 1 21B, PLACE OF MULIEY (C.	20A. AUTOPSTE (Yos or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	IN CERTIFTING CAUSES OF DEATH?
W 21A ACCIDENT WAS INDESTRING 1218 BLACE OF HULLEY (in or obout 21C, WHERE DID (If in Boltimore City, give exact location)
	office bldg. (If In Boltimore City, give exect location)
OF INJURY (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
(APPROX.) While At Work AI W.	
22. I certify that (I) (this hospital) attended the deceased from	3/4 1972 10 5/25 19/2
that (1) (we) last saw the deceased alive on 5/25	19 72 and that in (my) (our) opinion death occurred on the date
and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.
23A. SIGNATURE	23 B. DATE SIGNED
Jak (200, M.D. 196169)	Hending Med. Stoff A 5/25/72
23C. PHYSICIAN'S NAME Typel	23D. ADDRESS
Jack Roth, M.D.	The Johns Hopkins Hospital
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF	
REMOVAL (Specify)	
Burial 5-30-1972 Oak Lawn	Baltimore County, Maryland
MAY 25 1972 PROPERTY REGISTAR	25C. FUNERAL DIRECTOR ADDRESS Lilly & Zeiler Inc. 1901-07 Eastern Ave.
VS 150-REV, 1/1/68	



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

2 122	BALTIMORE CITY	HEALTH DEPARTMENT	1	72 04963
B-620 72 04963	CERTIFICA	TE OF DEATH	REG. NO	1× 0.1909
BIRTH NO. 1. NAME OF DECEASED			HOUR OF DEATH	
(Type or Print) F. UCLUNI Bowe	. 75	5/2	3/72	1/0:30 PM
3. PLACE IN BALTIMORE, MARTLAND, WHERE PRONOR		4. USUAL RESIDENCE (Where	deceased lived If in	stitution: residence before admission)
FUEL NAME OF HOSPITAL OR INSTITUTE ADDRESS OR LOCATION)	UTION, GIVE STREET	New Tons		DE CHY LIMITS?
MAryland General	Hospital	CARNEYS	01/01	YES NO C
48		220 GATA	set St	127
5. SEX 6. RACE 7. MARRIED WIDOWELL	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 9.	AGE (In years st birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF done during most of working life, even if refired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	Country)	12. CITZEN OF WHAT COUNTRY?
HOMEMAKER OW	IN HOME	Illinois		11. 8 A-
13. FATHER'S NAME		14 MOTHER'S MAIDEN NAME		
EDWARD BARRY	/	2		
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)[if yes, give war or dates of service]	16 SOCIAL SECURITY NO.	17. INFORMANT	0	45 BROAD ST.
no	Jegoriii No.	FRANK POTE	F. H. P.	ENNS GRAVE N
18. / 7 / X	CAUSE OF DEATH		1,0	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		1. 1 0		SELWEEN ONSELVAND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAU			
		A CONSEQUENCE OF:		
This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,				
(This does not mean the mode of dyling, e.g., heart fallure, asthenia, etc. It means the disease, injury or complication which caused death.)	D	12.00	DI	
This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	(8)	antity CA. S.	Buast	
This does not mean the mode of dying. e.g., heart fallure, aethenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, If any, giving		A CONSEQUENCE OF:	Broat	
[This does not mean the mode of dylng, e.g., heart follure, aetheria, etc. it means the disease, injury or complication which caused death.] ANTECEDENT CAUSES		A CONSEQUENCE OF:	Buast	
[This does not mean the mode of dying, e.g., heart fallure, aethenia, etc. It means the disease, injury or complication which caused death.] ANTECEDENT CAUSES DISEASES OR CONDITIONS, If any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.		A CONSEQUENCE OF:	Brant	
[This does not mean the mode of dying, e.g., heart fallure, aethenia, etc. It means the disease, injury or complication which caused death.] ANTECEDENT CAUSES DISEASES OR CONDITIONS, If any, giving rise to the above cause (A) stating the UNDERLYING CONDITION (set.		A CONSEQUENCE OF:	Buast	
[This does not mean the mode of dying, e.g., heart fallure, aethenia, etc. It means the disease, injury or complication which caused death.] ANTECEDENT CAUSES DISEASES OR CONDITIONS, If any, giving rise to the above cause (A) stating the UNDERLYING CONDITION (set.	(c)		Reast	EINDINGS CONSUMERED
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This does not mean the mode of dylng. e.g., heart fallure, aethenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, If any, giving rise to the above cause (A) stating the UNDERLYING CONDITION leet. OTHER SIGNIFICANT CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED OR CONTRIBUTING CAUSE OF CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBU	(C)	20A AUTOPST? (Yes or No.) n or about 21 G. WHERE DID ffice bldg, INJURY OCCUR?	(If In Bollimor	USES OF DEATH? 725
This does not mean the mode of dying, e.g., heart fallure, aethenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, If any, giving rise to the above cause (A) stating the UNDERLYING CONDITION fact. OTHER SIGNIFICANT CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 10B CONTRIBUTING OR CONTRIBUTING 1 CAUSE OF DEATH Inotify medical examined etc. 21D. TIME IManth) (Day) (Year) (Hour 21E)	WHICH OPERATION LPLACE OF INJURY In. g. in form, foctory, street of the control	20A AUTOPST? (Yes of No.) n of about 21G WHERE DID fice bidg, INJURY OCCUR?	(If In Bollimor	USES OF DEATH? 725
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72 04964 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO.

		MED	ICAL	LA	AMIIATK 2	LLK	1111	LAIL	OI	DLA	REG. NO	D		
BIRTH NO.									22					
1. NAME OF DEC	Arthur/	Wilson Turner					ATE OF EATH	Known Estimote		Month 5	24	72	Hour	М.
4. PLACE IN BALT	TIMORE, MA	RYLAND, W	HERE PR	ONOU	NCED DEAD		ATE			Month	Day	Yeor	Hour	10
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT	TIN HOSPITA	AL OR INST	NOITUTII	N, GIVE STREET			INCED DE		5	24	72		:40 a.
	Union N	Memori	al Ho	spit	:a1	A. ST.		Md.	(Where	deceosea	lived. If instituti B. COUNTY		l 2	nission)
6. SEX	7. RACE		B. MARR	IED 🗌	NEVER MARRIED	C. CI	ITY OR	TOWN			D. INSIDE	CITY LIMITS?		
male	White		WIDOW		DIVORCED		Bal	to.				YES KX	No 🗆	
8-16-18		10.AGE (In lost birthdo) 84			or 1 Yr. Il Under 24 Hrs. Days Haurs Min.	E. ST		S109 A		Aven				
O-LO-LO				12 CIT	IZEN OF	13 E		SNAME	0022	24 4 6-				
Maryl	land			MA	HAT COUNTRY?		Jes	ssie			urner			
4A.USUAL OCCU	PATION (Give	kind of work	14B. KIND	OF BUS	ISINESS OR INDUSTRY	1 15. A	NOTHER	S MAIDE	N NAM	4E				
Radio 0			Merc!	hant	t Marine			Unk	now	n				
6. WAS DECEASI	ED EVER IN L	U.S. ARMED	FORCES	5? 17	7. SOCIAL	1B. II	NFORN		110 11		209 Co	ADDRESS	ום ג	1000
Yes, no ar unknawn)	(If yes, give w	or or dates	of service) 1	220-05-370	0.	Ro	bert	Bri		Furner		210	
19. // /	n U			16	CAUSE OF DEA		110	10010	22.	400	LULIIOL	A	PPROXIMATE	EINTERVAL
7/	61/						larc	tio o	ardi	077250	ular di	SARGET	WEEN ONSE	T AND DEATH
	E OR CONDI		CTLY		ALLELI	_0sc	rer	ILIC C	arur	Ovasc	urar dr	Sease		
	LEADING TO				(A)IMMEDIATE									
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0.1	TOTO ENT	PALLETE												
	OR CONDITION		GIVING		(B)	AS A (CONSEC	DIENCE OF	E -					
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UNDERLYIN	NG CONDITION	ON LASI.			(C)									
2		11												
O THE DEA	NIFICANT CON ATH BUT NOT R CONDITION	NDITIONS CO	THE TERM	INAL										***************************************
20A. DATE OF					HICH OPERATION W	AS PER	RFORM	ED			7	21. AUTO	OPSY? (Ye	es or Na)
5													no	
₹ 22A. EXTERI	NAL CAUSE V	MAC		22R PL/	ACE OF INJURY(e.g.,	in or a	about 2	2C WHER	E DID (Il in Boltim	are City give t			
UNDERLYING UTING CA	G OR CONT	ITRIB-		home, la	arm, foctary, street, offic	e bldg.	., etc.) 11	VJURY OC	CUR?			ixaci rocanon,		
	(Month) (D	Day) (Year	r) (Hour	1	INJURY OCCURRED			2F. HOW	INI DID	URY OCC	CUR?		311	
(APPROX.)				m. WHII		WHILE								
23.				Big ive.	KK 🔟 🔼	TOKK								
I cert	tify that I he	eld an I	nquiry [nspection XX Au	topsy		and tha	t on th	is basis	, death in m	y apinian		
resul	ted from: No	atural cav	Ses XX	Acc	ident Suicio	In I	He	micide [7 1	Indeterm	nined manner	. [
1000	-	210101	363	73.00	Ideiii Lui	10 _		CHIEF MED						
ACTUAL		11.	11	10	11112								DATE SI	GNED
SIGNATU	URE	Jan Jan	11	UV	we M.).		STANT MED					5/24	/72
EXAMINI NAME (T	Туре)	eter/L	ipkov		9			CIATE MED						112
24A. BURIAL CREA REMOVAL (Specif	ify)	24B. DATE			NAME of CEMETERY				100	LOCATIO		own, ar county		State)
Cremati		5-25-			reen Mount	C C					more,		Mary.	Land
MAY 25 1		DEPT.			F REGISTRAR		Hen	nry W	1. J	enki			905	York
111/11/11/11							T-10	Balti	mor.	e, M	a. Cl	.212		-
S 151-REV, 1/1/6B	5	1	8	6	William Will	1. 1		13 13	(1					. /

The state of the s This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital gnd of the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

(1) 5.0	BALTIMORE CITY	Y HEALTH DEPARTMENT	
W-512 72 04 BIRTH NO.	965 CERTIFICA	TE OF DEATH KEG. NO	72 04965.
1. NAME OF DECEASED (Type or Print) HELEN	C WAMBSGANZ	2. DATE AND HOUR OF DEATH	6:55 P M
3. PLACE IN BALTIMORE MARYLAND, WHERE PI	RONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If	institution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR I	NSTITUTION, GIVE STREET	DELAWARE	V 07
HOSPITAL OR ADDRESS OR LOCATION		11	SIDE CITY LIMITS?
2 THE JOHNS HOPKINS	HOSPITAL	DAGSBORO E. STREET AND NUMBER	YES NO NO
		P.O.BOX 194-B	
FEMALE WHITE WIDO		8-19-02 9. AGE (In years lost birthday 69	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
IOA, USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	wn Home	New York	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	10022
ADAM LOUG		ELIZABETH STARKE	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) liff yes, give war or dates of sen	Vicel SECURITY NO.	17. INFORMANT	x 194-B Dagsboro
no		B Mr. Louis Wambsganz	Delaware
18. LL W. Un U	CAUSE OF DEAT		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		1.	BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying,	(A) IMMEDIATE CAL		
heart failure, asthenia, etc. It means the dis	edse,	A CONSEQUENCE OF:	
injury or complication which caused death.)		7	7/
ANTECEDENT CAUSES	(8)	sellel	Jary
DISEASES OR CONDITIONS, if any, g	the DUE TO, OKAAS	A CONSEQUENCE OF:	
UNDERLYING CONDITION last.	(c)	}	
OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING CHE	Accup atrix Lix.	
O 19A, DATE OF OPERATION 119B, CONDITION	,	,	FINDINGS CONSIDERED
S/16 5/20 WAS PERFORMED	-NC ary 5/13 RUL	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE IN CERTIFYING C.	AUSES OF DEATH?
U 21A/ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B PLACE OF INJURY le.g., I home, form, foctory, street, of etc.)	n or obout 21C. WHERE DID (II In Boltime	ore City, give exact location)
O 21D-TIME (Month) (Day) (Year) [Hour	21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.)	While At Not Whit	• —	
	Work LJ At Work	S/10/ 10 22	C/264 27
22. I certify that (I) (this haspital) attend that (I) (we) last saw the deceased olive		7 3 17 19 10	19
			Inion death occurred an the dote
and hour and from the causes stated about	ve. (1) (did not) v	lew the body after deoth.	
mr Gehans	MO DEGREE Phys	anding Med. Stolk	5/24/71
NAME (Type) PETRACEK	M.D.	THE JOHNS HOPKINS HO	SPITAL
24A. BURIAL CREMATION, 24B. DATE 24	OEGREE IC. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION IC	City, town, or county) (State)
		n Mem. Pk.Cem. Paramu	
MAY 25 1972 72 8 6 3	ME OF REGISTRAR	Henry W. Jenkins Co.	4905 York Rd.
VS 150-REV. 1/1/68		0	

LILEALETH FRAKE

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

7 300	BALTIMORE CIT	Y HEALTH DEPARTMENT	
D-300 72 0496	GERTIFICA	TE OF DEATH REG, NO	72_04966
	garet	2. DATE AND HOUR OF DE May 19 1972	13:20 64
3. PLACE IN BALTIMORE, MARYLAND, WHERE P	RONOUNCED DEAD	A. STATE POLL B. COUNTY CARRE	If in stitutions are Bones & days A to the
FULL NAME OF (IF NOT IN HOSMTAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	26	INSIDE CITY LIMITS?
Provident, Hopp	, frc.	Baltimore	YES Z NO
2600 Liberty Hei	ghto Aue,	E. STREET AND NUMBER 2803 (-A PRI SON	Blud. 1538
	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In years last birthday)	If Under 1 Yr. if Under 24 Hrs. Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, Kill done during most of working life, even if retired)		II. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME			
ROSARIO MAGGIS		MARIE	LINE THE RESERVE OF
15. Wes Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of se	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	220-34-693	FRANK PARKS CROW	MNSVILLE STATE HOS
18. 4 / 0 / 1	CAUSE OF DEAT	A	APPROXIMATE INTERVAL
DISEASE OF CONDITION DIRECTLY		0.11	BETWEEN ONSET AND DEATH
(This does not mean the mode of dving.	(A)IMMEDIATE CA	ist our law is a second	west minules
heart failure, astheria, etc. It means the dis Injury or complication which caused death.)	ease,	A CONSEQUENCE OF:	
ANTECEDENT CAUSES	A (4)	To myr cardral On	Montan 1-2 class
DISEASES OR CONDITIONS, if any,	(B) DUE TO, OR AS	A CONSEQUENCE OF:	
rise to the above cause (A) stating UNDERLYING CONDITION test.	AL - A	wellerothe Condio Voscu	la Delese
11	(C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).	TING Solige	Merenia, cheronia	40 yrs
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED 121A. ACCIDENT WAS UNDERLYING 1	FOR WHICH OPERATION	20 A. AUTOPSYR (Yes or No.) 20 B. IF YES, W. IN CERTIFYING	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21& PLACE OF INJURY (e.g., home, form, fociory, sireet, o	n or obout 21 C. WHERE DID (If In Bolifice bidg., INJURY OCCUR?	timore City, give exoct location)
21D.TIME (Month) (Doy) (Year) (Hauri	21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.)	While At Work		
22. I certify that (I) (this hospital) atten-		May 18 1972 10 P	104 19 107
that (1) (we) last sow the deceased office		10 7 2 and about 10 (11)	and the state of t
and hour and from the causes stated abo		19 7 ond that in (my) (aur)	opinion death occurred on the date
23A. SIGNATURE	ves (1) (ne) (did) (did noi) (lew the bddy offer dedit.	23B. DATE SIGNED
Jonet V. Mach	Leli no Att	nding Med. Stoff Phys.	5-19-72
23C. PHYSICIAN'S NAME (Type)	DEGMEE	23D. ADDRESS	
NAME (type)		Provident Hospit	H
24A. BURIAL CREMATION, 24B. DATE 2	AC. NAME of CEMETERY OF CR		(City, town, or county) (State)
TSUVIOL Specily) 5-24-72	Mt. Aubum Ce	m. Botto. Md	
	ME-OF REGISTRAN	25C. FUNERAL DIRECTOR	ADDRESS
WAY 25 1072 Och 2	The Theo, 74.D.	WMC MARCH 9	
VS 150-REV-1/1/68	I have been	7 3 9 6	



prior to death. Such attendance shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; approved by the chief medical examiner or his assistant if death occurred in if the direct or contributing was D.O.A. at a hospital (except where the physician who pronounced death was in regular deceased prior to death); and (6) No physician was in regular attendance on the deceased prwritten approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT A SO, the body was released to the hospital by a medical examiner. This certificate must be

Burial

WAY 25 VS 150-REV. 1/1/68

25A. DATE REC'D BT HEALTH DEPT.

pup

a hospital

(5) Deceased

cause

on the

	D-120 72 DAGGT CEPTIFICA	TE OF DEATH REG. NO. 72 04967					
- 1	BIRTH NO. 1. NAME OF DECEASED						
	(Type of Print)	2. DATE AND HOUR OF DEATH					
	James P. Davis	5-21-72					
- 1	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE B. COUNTY					
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland 802					
	HOSPITAL OR ADDRESS OR LOCATIONI	C. CITY OR TOWN D. INSIDE CITY LIMITS?					
d		Baltimore YES NO					
9	2229 E. North Ave.	E. STREET AND NUMBER					
		2229 E. North Ave.					
	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	2 DATE OF BIRTH					
	Male Negro WIDOWED DIVORCED	lost birthdoy) Months Doys Hours Min.					
	10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY	3-19-10 62					
	done during most of working life, even il refired)	11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
	Truck Driver	Maryland					
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
. 1	Joseph Davis	Edan Jackson					
	15 Was Daniel Line In III & American 2						
	(Tes, no or unknown) (II yes, give wor or doles of service) SECURITY NO.	17- INFORMANT ADDRESS					
	113-03-1900	Ethel L. Davis 2229 E. North Ave.					
П	18. 4 / 0 7 CAUSE OF DEATH	APPROXIMATE INTERVAL					
-	DISEASE OR CONDITION DIRECTLY	te myo cardial Translator Tet					
Н	LEADING TO DEATH	USE Infarction in Stant					
Ш		CONSEQUENCE OF:					
Ш	injury or complication which caused death.)	1					
	ANTECEDENT CAUSES	mary treriosclerocit					
Ш	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF: A					
	rise to the obove cause (A) stoting the	1:20d Avteriocology					
П	UNDERLYING CONDITION last	111289 111 191039 191019					
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	nnitis-!					
	DISEASE OR CONDITION GIVEN IN PART I (A), 194 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION	20A. AUTORST? (Tes of No.) 20R IS VES WERE SIMPLINGS CONSIDERED					
	WAS PERFORMED	20A. AUTOPST? (Tes or No.) 20R. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
21A. ACCIDENT WAS UNDERLYINO 21B. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID hame, farm, foctory, street, office bidg., INJURY OCCUR?							
Ш	21D. TIME (Monthi (Doy) (Year) (Hour) 21E, INJURY OCCURRED While At	21F. HOW DID INJURY OCCUR?					
-							
Ш	Work At Work						
	22. I certify that (I) (this hospital) attended the deceased from	1972 to 5-21- 1977					
that (1) (we) lost saw the deceased alive on 1 1 19 72 and that In (my) (out) opinion death occurred							
	and hour and from the causes stated above. (1) (We) (dtd) (did not) vi						
	23A SHONATURE	23 B. DATE SIGNED					
	DEGREE Phys.	ding P Med. Stoff D 5-25-72					
	23C. PHTSICIAN'S NAME (Type)	3D. ADDRESS					
	24A. BURIAL CREMATION, 24B. DATE 124C. NAME of CEMETERY OF CREA	11)> 1-1/4 Eyal St					
	REMOVAL (Specify) 248. DATE 24C. NAME of CEMETERT OF CREA	MATORY 24D. LOCATION (City, town, or county) (Stotel					

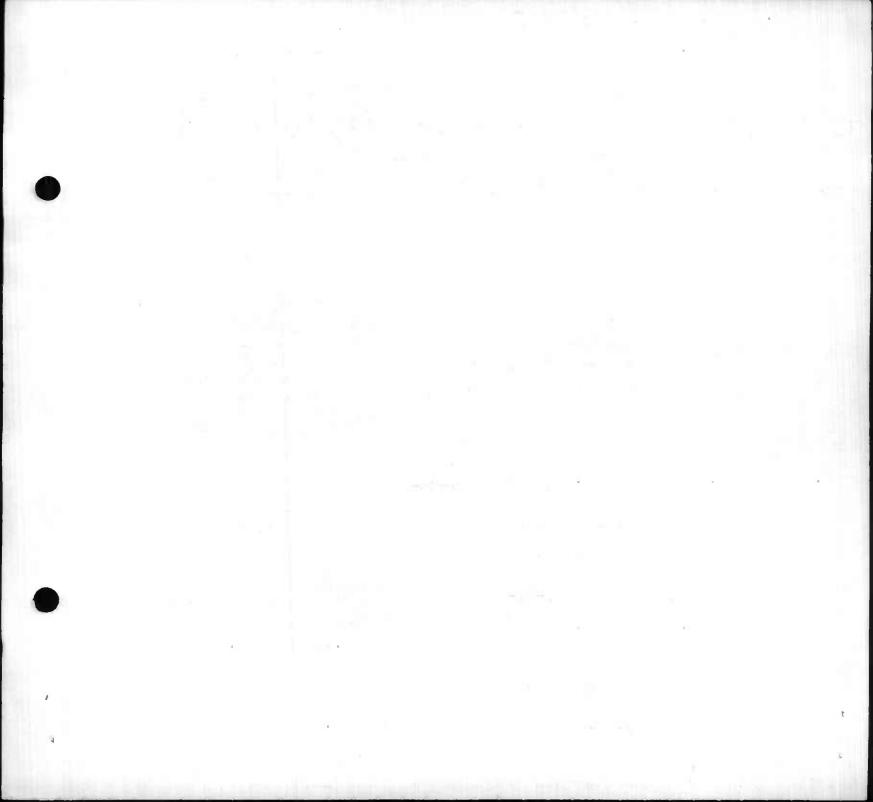
-72 Baltimor

Baltimore

-25 5

3

Cemetery Balto, Md. 25C. FUNERAL DIRECTOR ADDRESS 0 March 928 E North Ave.



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT	E CV III
BIRTH NO. 72 04968 CERTIFICATE OF DEATH REG. NO	-040ce
1. NAME OF DECEASED [Type or Print] 2. DATE AND HOUR OF DEATH	04300
LEROY OKATIO GOINES 5/23/72	15 20 am.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institutions A. STATE 8. COUNTY	tosidence before odmission)
HOSMITAL OR ADDRESS OR LOCATION	1303
C.CITY OR TOWN OF ME HOSPITAL BALLINGE MD D. INSIDE CITY	
2) S GREENEST BALTO MD E. STREET AND NUMBER	Noll
2120 2750 ETINGSI.	
MARKIED NEVER MARRIED S. O. L. I. J.	der 1 Ys. Il Under 24 His.
10A, USUAL OCCUPATION (Give kind of work) 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote of foreign country)	TIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	incomitte
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	U) of
JESSE GOINES SMITH, AMEL	, 11
15. Wes Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT	ADDRESS
	ETTING ST.
18.20/X 1 CAUSE OF DEATH	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	DO C
(This does not meen the mode of dying, e.g., (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:	2 41795
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	7,500
ANTECEDENT CAUSES (B)	2485
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:	
UNDERLYING CONDITION last. (C)	***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yos or No.) 20B. IF YES, WERE FINDING IN CERTIFYING CAUSES OF U. 21A. ACCIDENT WAS UNDERLYING 1.21B. PLACE OF INJURY (S. 12. D. A.	S CONSIDERED
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID (if In Bellimore City, ci	
	ve exact locofion)
DEATH (notify modical examined) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURED 21F. HOW DID INJURY OCCUR?	
(APPROX.) While At Not While At Work	
22. I certify that (I) (this hospital) attended the deceased from 5/26/ 19 72 to 5/23	10 %
that (1) (we) last saw the deceased all ve an 5/23 19 and that In(my) (aur) apinion dec	oth accurred an the date
and have and from the causes stated above. (1) (We) (did) (did not) view the body after death.	
Augustin and Augus	TE SIGNED
DEGREE Phys. Director Phys.	25/12
PAME (Type) VOSTED 23D. ADDRESS UNW OF TO HOSPITAL	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town,	or county) (State)
BUTTON 5-26-72 Mt. AUBURN CEM. BALTIMORE D	917
25A. DATE RECIDEN HEALTH DERT. 25B. NAME OF REGISTRAR: 25C. FUNERAL DIRECTOR	11/

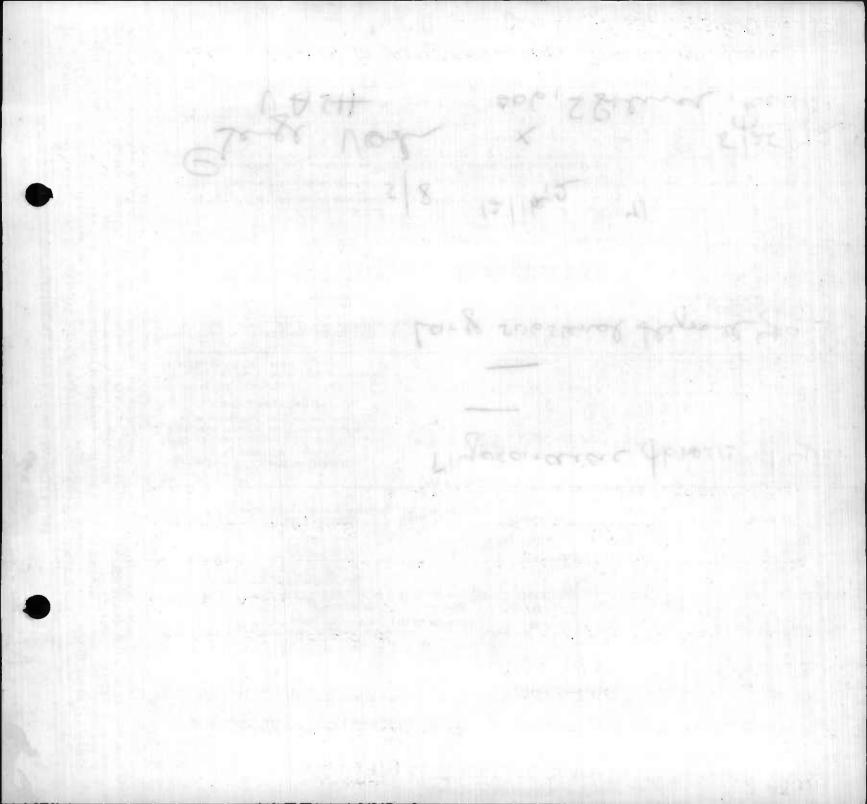
VS 150-REV. 1/1/68

HUSTING.

72 04369 BALTIMORE CITY HE	EALTH DEPARTMENT	
	CERTIFICATE OF DEATH REG. NO.	72 04969
DIKTH NO.	REG. NO	
1. NAME OF DECEASED ERICK G. Malone	2. DATE Known Month Doy	Year Hour
Erik Malone	DEATH Estimoted 5 21	72 6:15 a. M
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	3. DATE Month Doy PRONOUNCED DEAD	Yeor Hour
OR INSTITUTION	5 21 5. USUAL RESIDENCE (Where deceased lived. If Institution:	72 6:15 a. M
Johns Hopkin Hospital	A. STATE B. COUNTY	843
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CIT	Y LIMITS?
M N WIDOWED DIVORCED	Baltimore YES	NO [
9. DATE OF BIRTH 10. AGE (in years If Under 1 Yr. If Under 24 Hrs. losi birthdoy) Months 1 Doys 1 Hours 1 Min.	IF. STREET AND NUMBER	
12-6-19-16 11 25	1320 Edison Hwy.	
11. BIRTHPLACE(Sate or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	
DUNGAIK. NO. 7/15.A.	Herbert Malone	
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR done guring most of working life, even if refired)	Y 15. MOTHER'S MAIDEN NAME	
Blag. INSPECTOR CITY	LILIAN BOWlett	/
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or doles of service) SECURITY NO.		DRESS
Yes USAR 218-46-8333	LIlian Malone 1320 Edison	
19. CAUSE OF DEA	лн	BETWEEN ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY		
	CAUSE Multiple injuries	
heort foilure, osthenio, etc. It meons the diseose, fnjury or complication which coused death.)	AS A CONSEQUENCE OF:	
ANTECEDENT CAUSES DISEASES OF CONDITIONS IS ANY CIVING	AS A CONSEQUENCE OF:	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	AS A CONSEQUENCE OF:	
Z ONDERTING CONDITION EAST. (c)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAR		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED	21. AUTOPSY? (Yes or No)
		yes
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.,	in or obout 22C. WHERE DID (If in Boltimore City, give exact to bldg., etc.) INJURY OCCUR?	
UTING ☐ CAUSE OF DEATH. Street	1500 Blk. N. Milton Aver	nue
OF INJURY (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED		
(APPROX.) / 7 72 11.35 WHILE AT NOT	22F. HOW DID INJURY OCCUR? driver	: auto ran
(AFFROX.) 4 7 72 11:35 m. WORK AT W	22F. HOWDID INJURY OCCUR? driver	
23.	pff road into fixed object	et.
l certify that I held an Inquiry Inspection Au	topsy and that on this basis, death in my o	et.
23.	topsy and that on this basis, death in my o	plnian
l certify that I held an Inquiry Inspection Au	topsy and that on this basis, death in my of the Homicide Undetermined monner CHIEF MEDICAL EXAMINER	pinian
I certify that I held an Inquiry Inspection Auresulted from: Natural couses Accident Suicident ACTUAL SIGNATURE M.D.	topsy and that on this basis, death in my of the Homicide Undetermined monner CHIEF MEDICAL EXAMINER	plnian
I certify that I held an Inquiry Inspection Auresulted from: Natural couses Accident Suicident ACTUAL SIGNATURE M.D. EXAMINER'S	topsy and that on this basis, death in my of the Homicide Undetermined monner CHIEF MEDICAL EXAMINER	pinian DATE SIGNED
Certify that I held an Inquiry Inspection Aurestal Accidents Suicidents	TOPSY And that on this basis, death in my of the Homicide Undetermined monner CHIEF MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER	DATE SIGNED 5-22-72
Certify that I held an Inquiry Inspection Auresulted from: Natural couses Accident Suicident Accident Suicident Accident Suicident Accident Accident Accident Accident Suicident Accident Ac	TOPSY and that on this basis, death in my or the Homicide Undetermined monner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER OF CREMATORY 24D. LOCATION (City, town,	pinian DATE SIGNED 5-22-72
Certify that I held an Inquiry Inspection Auresulted from: Natural couses Accident Suicident Accident Suicident Accident Acci	TOPSY and that on this basis, death in my or the Homicide Undetermined monner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER OF CREMATORY OF CREMATORY 24D. LOCATION (City, town,	DATE SIGNED 5-22-72 or county) (Stote)
Certify that I held an Inquiry Inspection Auresulted from: Natural couses Accident Suicident Accident Suicident Accident Suicident Accident Suicident Accident Accident Suicident Accident Suicident Accident Accident Suicident Accident Accident Suicident Accident TOPSY and that on this basis, death in my or the Homicide Undetermined monner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER OF CREMATORY OF CREMATORY 24D. LOCATION (City, town,	DATE SIGNED 5-22-72	
Certify that I held an Inquiry Inspection Auresulted from: Natural couses Accident Suicident Accident Suicident Accident Acci	TOPSY and that on this basis, death in my or the Homicide Undetermined monner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER OF CREMATORY OF CREMATORY 24D. LOCATION (City, town,	DATE SIGNED 5-22-72 or county) (Stote)

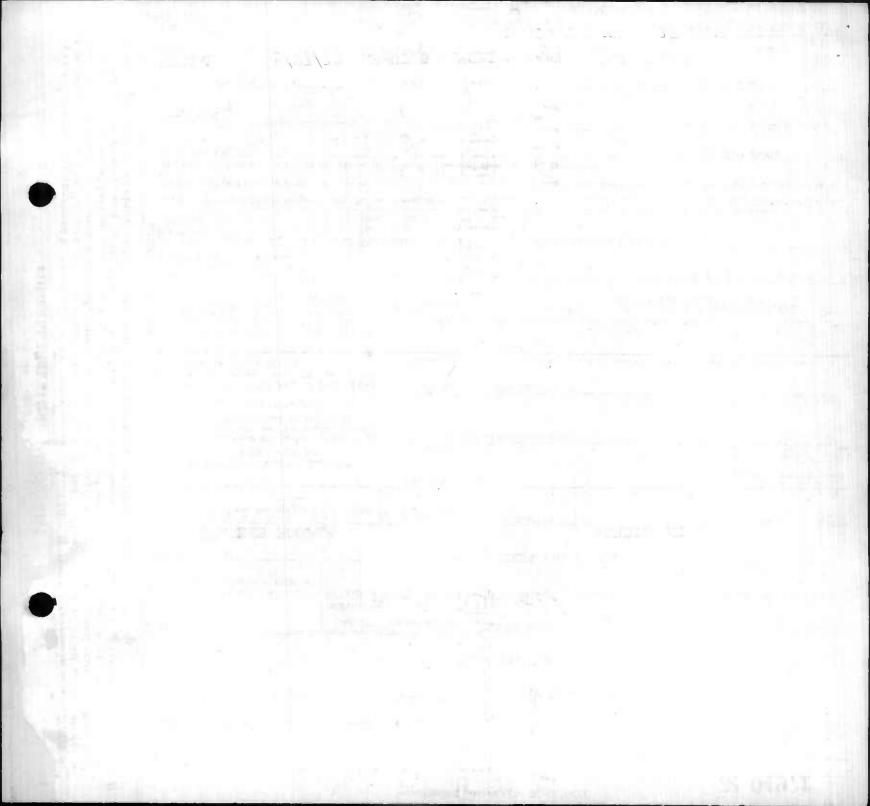
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

-	2 == 0	BALTIMORE CIT	Y HEALTH DEPARTMENT	0.03020
-	7-202	2 04970 CERTIFICA	ATE OF DEATH REG. NO	2 04970
	MNO. AME OF DECEASED	. 04370 62111167	2, DATE AND HOUR OF DEATH	
	e or Print)	is E Simmone		11:20 04
3. 1	PLACE IN BALTIMORE, MARYLAND, V	WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, Il institution:	residence before odmission)
			A, STATE B, COUNTY	806
HO	SPITAL OR ADDRESS OR LOC	TAL OR INSTITUTION, GIVE STREET ATION)	C. CITY OR TOWN D. INSIDE CITY	IIMITS?
INS	NOITUTIT		Baltimore YES V	
-			E. STREET AND NUMBER	
1	604E. Lacavetz	te Ave.	1604 E. Lagarette Ave.	
5. \$	EX 6. RACE	7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Und Months	er 1 Yr. If Under 24 Hrs.
FE	Maile Negro	WIDOWED DIVORCED	9-14-11 60	
	USUAL OCCUPATION (Give kind of wor during most of working life, even if refired)	k 10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CIT	IZEN OF WHAT COUNTRY?
	Α	At Home	W. Clalla wille S. C.	W.S. A.
13.	ONESTIC FATHER'S NAME	1/6 /16/1)6	ME CIENTINE, S.C.	4.0.11.
1	The Addition		Louise GiBBS	
15.	Wos Deceosed Ever in U. S. Armed Fo	rees? 16. SOCIAL	17. INFORMANT	ADDRESS
(Yes	s,no or unknown) (If yes, give wor or dot	es of service) SECURITY NO.		
_	No	2/3-32-8/27	Stephen Williams 2303 Hanle	APPROXIMATE INTERVAL
	DISEASE OR CONDITION D	CAUSE OF DEAT	In /	BETWEEN ONSET AND DEATH
	LEADING TO DEATH	1190	ocardiac obhosis	Lugar
	(This does not mean the made of	dying, e.g., (A) IMMEDIATE CA	A CONSEQUENCE OF:	J
	hearl failure, asthenia, etc. It meons injury or complication which caused			128 X
	ANTECEDENT CAUSES			
	DISEASES OR CONDITIONS, if	any, giving DUE TO, OR A	S A CONSEQUENCE OF:	000000000000000000000000000000000000000
	rise to the obove couse (A) UNDERLYING CONDITION lost,	stating the		
	44	(C/		
N	OTHER SIGNIFICANT CONDITIONS CO	INTRIBUTING CO. 100	5065lenol flygid	1 cod
ATIC	TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION GIVEN IN PA	THE TERMINAL	2002 and Antierd	1017
CERTIFICATION	19A. DATE OF OPERATION 198. COM		20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDING	S CONSIDERED
ERTI	O WAS FEE	FORMED	IN CERTIFIED CAUSES OF	DEATH:
	OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID (If in Boltimore City, gi	ve exoct location)
CAI	DEATH (notify medical examiner)	etc.)		
MEDICAL	21 D. TIME (Month) (Doy) (Year) OF INJURY	(Hour 21E, INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?	
5	(APPROX.)	While At Not Whi		
	22. I certify that (1) (this haspita	I) attended the deceased fram	2/12/2 19 / to	19
	that (I) (we) last saw the deceas		19 2 and that in(my) (aur) apinion dec	oth accurred an the date
		ated abave. (1) (We) (did) (did nat)		
	23A. HGNATURE			TE SIGNED
	lege		ending Med. Stoff Phys.	125 172
	23C. PHYSICIAN'S	DEGREE Phy	23D. ADDRESS Phys.	1
	NAME (Type)	C \		4
			261. 2 hours	PSEILIZZ
244	BURIAL CREMATION 1248. DATE	DEGREE		PSech 23
24A	BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CR	ZEMATORY 24D. LOCATION (City, town,	or county) (Stote)
1	REMOVAL (Specify) Burned 5-26-	72. Arbutus Nemo	ZEMATORY 24D. LOCATION (City, town,	or county) (Stote)
1		24C. NAME of CEMETERY OF CR	ZEMATORY 24D. LOCATION (City, fown,	aind Address
25 A	REMOVAL (Specify) Burned 5-26-	72. Arbutus Nemo	ZEMATORY 24D. LOCATION (City, fown,	or county) (Stote) and ADDRESS Oliver St.



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such deceased prior to death, such written approval must be obtained before the remains are embalmed or final disposition is made.

	HEALTH DEPARTMENT
72 U49/1 CERTIFICA	TE OF DEATH REG. NO.
BIRTH NO. 1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
(Type or Print) FLORENCE STROTHER	S 5/24/72 9:05AM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. STATE B. COUNTY
HOSPITAL OR HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATIONI	CCITY OR TOWN D. INSIDE CITY LIMITS?
Q P lat Hazzetal	Brattimero YES NO
Francisco War	E. STREET AND NUMBER
Ballimore, Ind.	1415 Wentworth Rd. (21207)
5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE IIn years II Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
TOAL USUAL OCCUPATION (Give had of work TOB, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of foreign country) 112. CITIZEN OF WHAT COUNTRY?
done during most of working lile, even if restred) Whenployed	Battemare, Ind. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
CHARKES HOOPER	BERDIE WILSON
15. Was Deceased Ever in U. S. Anned Forces? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (II yes, give war or dotes of service) SECURITY NO. 2/2-09-07	46 Son (Eller & Strothy) Same
18.43301 CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	O A H
LEADING TO DEATH	ISE Celebral Mombous Hadys
heart failure, asthenia, etc. It means the disease,	A CONSEQUENCE OF:
Injury or complication which caused death.)	
ANTECEDENT CAUSES (B) Urles	Ascleratic arelingvasculas unknow,
DISEASES OR CONDITIONS, If any, giving DUE TO, OR AS rise to the above cause (A) stating the	A CONSEQUENCE OF: disease
UNDERLYING CONDITION lost. (C)	
11 11 11 11 11	atimasian - unknown
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Mante total Black 11 back
TO THE DEATH BUT NOT RELATED TO THE TERMINAL OF THE TERMINAL O	Spartinesund Account Tange
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994. DATE OF OPERATION 1998. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A AUTOPSYS (Yes or No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY In.g., in OR CONTRIBUTING CAUSE OF home, farm, foctory, sheet of	n or about 21C. WHERE DID (II in Boltimore City, give exoct location)
DEATH (notify medical examined)	
210. TIME IMonth) (Doy) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCURS
While At Not While At Not Work At Work	•П , , ,
	5/7/ 1972 to 5/24/1972
22. I certify that (I) (this hospital) attended the deceased from	
that (1) (we) last saw the deceased alive an	19 / Cand that In(my) (aur) apinian death accurred on the date
and haur and fram the causes stated abave. (1) (We) (did) (did not) v	
23A. SIGNATURE W Stewart, M.D. DEGREE Phys	anding Med. Stoff Director Phys. Stoff Sto
	23D. ADDRESS
D.W. STEWART M.D.	2300 Harrison Blood.
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CRI	EMATORY 24D. LOCATION (City, town, or county) (Stotel
marm = 4=	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
MAY 28 1072 Pole & Raden M.D.	LEWIS T GWYNN 4517 PARK HEIGHTS AVE.
V51130-REV. 7/1/68	73766



23.

ACTUAL SIGNATURE

EXAMINER'S

NAME (Type)

24A. BURIAL CREMATION,
REMOVAL (Specify)

BURIAL

VS 151-REV. 1/1/68

1 certify that I held on Inquiry

248. DATE

resulted from: Natural couses X

BI	W-421		04972 MEDICAL	BALTIMORE CITY HE EXAMINER'S			DEATH	H REG. NO.	20	4972
ī.	NAME OF DE	CEASED			2. DATE	Known 🗇	Month	Dov	Yeor	Hour
(T ₁	/pe or Print)	OLA WAT	KER		OF DEATH	Estimated		50,	1601	
4.	PLACE IN BA			RONOUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour M.
HC	JLL NAME OF DSPITAL R INSTITUTION	(IF NOT IN ADDRESS O	HOSPITAL OR INS	TITUTION, GIVE STREET		NCED DEAD		, 1972		6:20 A.M.
C		4 Greenmon	int Avenu	ie	A. STATE	Maryland		ed. If Institution: r B. COUNTY	esidence b	elore odmission)
6.	SEX	7. RACE	8. MARI	RIED NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE CITY	LIMITS?	
F	Temale	Negro	WIDOV		Baltin	nore		YES	п.	NO P
9.	DATE OF BIR		AGE (In years	If Under 1 Yr. If Under 24 Hrs.	E. STREET A	ND NUMBER		123		10[]
1	IRRCh.	12-02	birthdoy) 70	Months Doys Hours Min.	1804	Greenmou	nt Aven	iue		
11.	JA 00 4	State or foreign co	untry)	WHAT COUNTRY?	13. FATHER'S	NAME	K.			
14/	A.USUAL OCCI	JPATION (Give kind	of work 148. KING	OF BUSINESS OR INDUSTRY	15. MOTHER	'S MAIDEN NA	ME			
001	//	warkingflile, even II	retired)	lnk.		TINK				
16.		ED EVER IN U.S.	ARMED FORCE	37 17. SOCIAL	18. INFORM	ANT		ADD	RESS	
{Y =	is, no ar unknawr	(Il yes, give war a	r dates of service	315-24-81.59	M150	Lopel BI	erer.	0804/	reen	M 11
	19. // / -	11.00	·	CAUSE OF DEA		()	CACA.	10010		ROXIMATE INTERVAL
	DISEAS	SE OR CONDITIO		Arteri	osclerot	tic cardi	ovascul	ar disea	se	EN ONSET AND DEATH
	(This does	LEADING TO DE		(A)IMMEDIATE C						
	heart foilure	a, asthenio, etc. It monplication which con	eons the disease.	DUE TO, OR A	AS A CONSEQU	JENCE OF:				
	A	NIECEDENT CAU	SES	(R)						
	DISEASES	OR CONDITIONS E ABOVE CAUSE	IF ANY, GIVING	(B) DUE TO, OR	AS A CONSEQ	UENCE OF:				
NO O	LINDERIYE	NG CONDITION	LAST.	(c)						
CERTIFICATION	OTHER SIGN TO THE DE DISEASE OF	II NIFICANT CONDITION ATH BUT NOT RELA R CONDITION GIVE	TED TO THE TERM	INAL						****************
ERT	20A. DATE O	F OPERATION 20	B. CONDITION	FOR WHICH OPERATION WA	S PERFORME	D		2	I. AUTOP	SY? (Yes or No)
١.	0								n	10
EDICAL	UNDERLYING	NAL CAUSE WAS ON CONTRIB-		22B.PLACE OF INJURY (e.g., home, farm, loclory, street, office	in or obout 22 bldg., etc.) IN	JURY OCCUR?	Il In Boltimore	City, give exoct i	ocation)	
×	22D. TIME	(Month) (Day)	(Year) (Hau	22E.INJURY OCCURRED	22	F. HOWDID IN.	URY OCCUP	77		
	OF INJURY (APPROX.)			m. WHILE AT NOT AT W	WHILE	AL SECTION		TER FA		

Inspection X Autopsy

24C. NAME of CEMETERY or CREMATORY

/ Suicide

Homicide .

CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

24D. LOCATION

ASSOCIATE MEDICAL EXAMINER

Accident

25B. NAME OF REGISTRAR

Ronald N. Kornblum, M.D.

ond that on this basis, deoth in my opinion

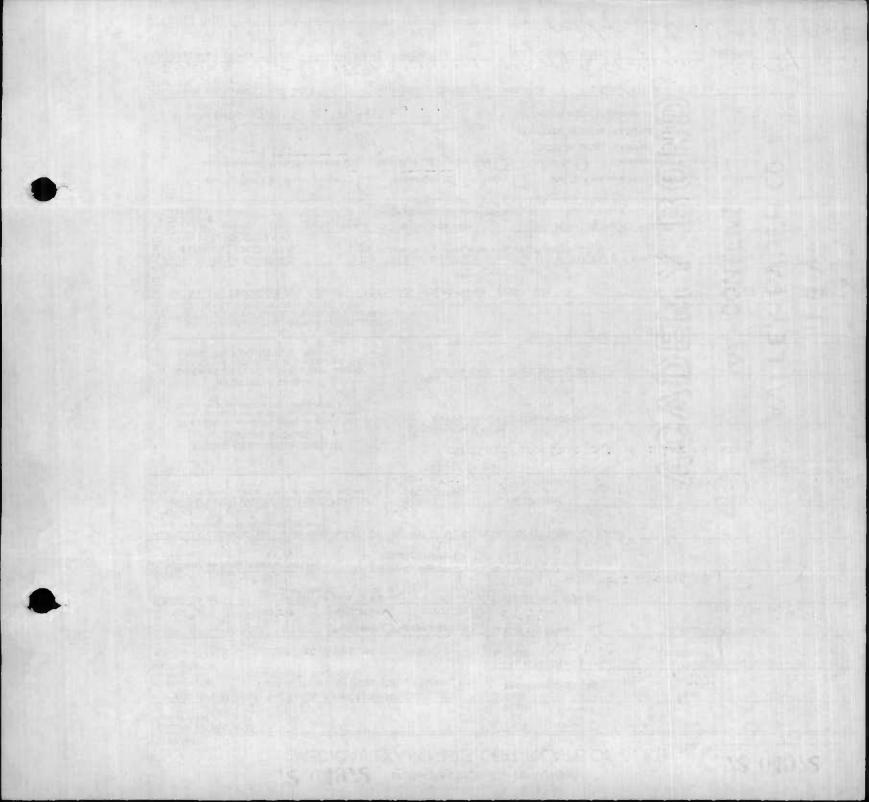
Undetermined monner

DATE SIGNED

(Stote)

5/14/72

(City, lawn, or county)

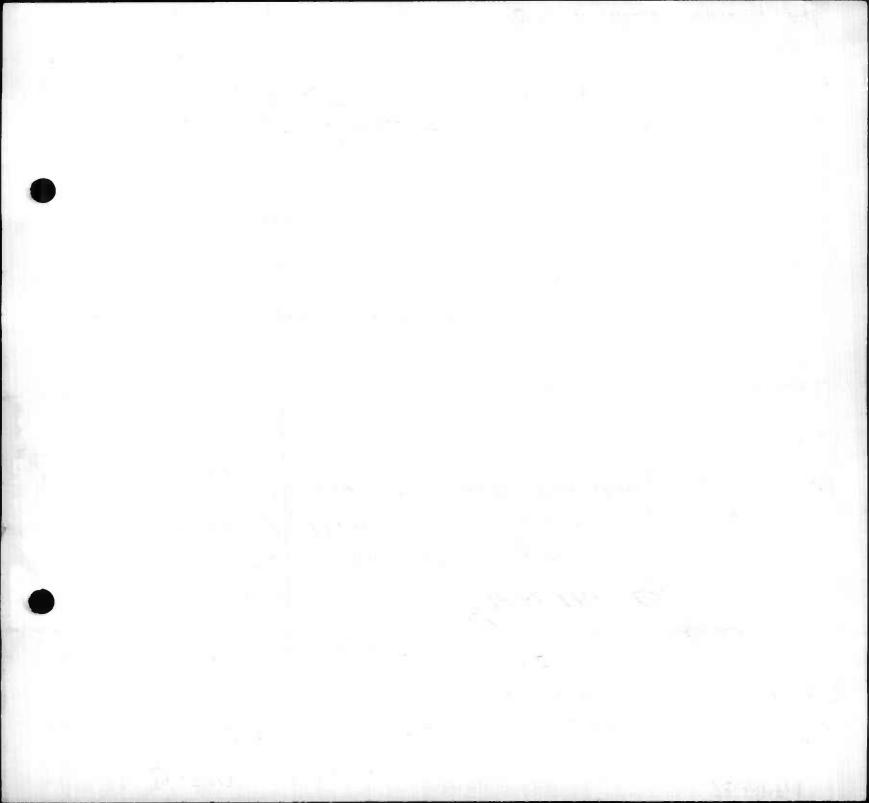


was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

V	M 11/1 -10 010	BALTIMORE CITY	HEALTH DEPARTMENT		10 1.1000
BIR	VI-242 72 049	13 CERTIFICA	TE OF DEATH	REG. NO	72 (4973
	AME OF DECEASED	F	2. DATE AN	D HOUR OF DEATH	
(Тур	e or Print) MICHALSKI	EDWARD	5-2		17.30 Pm.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	ONOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If ins TY	stitution: residence before admission)
FU	LL NAME OF (IF NOT IN HOSPITAL OR IN SPITAL OR ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	mD.		2505
INS	SPITAL OR ADDRESS OR LOCATION)	40000	C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
1	SOUTH DALIO. YEN	6-2-72	E. STREET AND NUMBER	•	YES NO L
-	CERTIFICATE	AMENDE	04709 PG	NNING	TON AUR.
5. 5	6. RACE 7. MARI	NEVER MARRIED		ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
164	USUAL OCCUPATION (Give kind of work 10B, KIN		9-7-190/	64	120 CITTED OF WILLIAM COUNTY
	during most of working tile, even if retired)	D OL BOSINESS OK INDOSTKI	II. BIKINPLACE (Store of foreig	gn country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME	me	14. MOTHER'S MAIDEN NAM	nD	1. S.A.
13.	DEC.		0	MISLIN.	St1
15. Yes	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give war or dates of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	NU	7-18-6794	(wife).		
		32-822 CAUSE OF DEATH	0 80	1 0 - 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Pose. Blo	Kade of 1	he
	(This does not mean the mode of dying, heart foilure, asthenia, etc. It means the dise		A CONSEQUENCE OF:	Ce Cesebra	O Atoria
	injury or complication which coused death.)	Surt Can	that I dian	inution of	
	ANTECEDENT CAUSES	(B) 1000	m - E alim	1000	0 2 10
	DISEASES OR CONDITIONS, if ony, gi	ving DUE TO, OR AS	A CONSEQUENCE OF	feers -	-CIVH
	UNDERLYING CONDITION lost.	(c) A.	S G (V D)		
z	II -	En	cemernal	lein	
TIO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMI				
FICA	DISEASE OR CONDITION GIVEN IN PART 1 (A).	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	208. IF YES, WERE F	INDINGS CONSIDERED
CERTIFIC	WAS PERFORMED			IN CERTIFYING CAL	12E2 OL DEVIH.
CALC	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)		(If In Bottimore	e City, give exact location)
MEDI	21 D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
>	(APPROX)	While At Not While At Work			
	22. I certify that (I) (this haspital) attend	ed the deceased fram	5-21-1	972 10 5	- 23 - 1972.
	that (I) (we) last saw the deceased alive	an <u>S-23-</u>	19.7.2 and the	at in(my) (aur) apir	nian death accurred an the date
	and haur and fram the causes stated abov	e. (1) (We) (did) (did not) v	iew the bady after death.		
	23A. SIGNATURE All O. 1	Jothur of Atter Phys	nding Med. Director	Staff Phys	5-23-)2_
	23C. PHYSICIAN'S NAME (Type) M. O. C. MATT	DEGREE	ATTENDING DA	D SOSNOW	ki.
24A	BURIAL CREMATION, 248. DATE 24	C. NAME of CEMETERY OF CRE			ly, town, or county) (State)
	REMOVAL (Specify) RUP: AL 5-25-72	Holy Passe	Comotion R:	Telie HI	WY RALTO MA
25A	DATE REC'D BY HEALTH DEPT. 25B. NA		25C. FUNERAL DIRECTOR	1	ADDRESS 1/2/
	MAY 26 1972	(a. lies, At B	HAHN a	4200 F	Enningion AUS.
	150-REV, 1/1/68		177 3 0		3

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	BALTIMORE CITY	HEALTH DEPARTMENT 72 U4974
	BIRTH NO. 72 04974 CERTIFICA	TE OF DEATH REG. NO.
	1. NAME OF DECEASED	2 DATE AND HOUR OF DEATH
١	(Type or Print) Dutton, Louise	5.22-77 1045 Pm 1645 Pm
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. II institution: residence before admission) A. STATE B. COUNTY
ı	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	2120 N Fuelon are - Batto. Md,
	INSTITUTION COLL COLL COLL COLL COLL COLL COLL CO	C.CITY OR JOHN D. INSIDE CITY LIMITS? SALTIMORE YES NO
7	Montebella State Hospital	E. STREET AND NUMBER
	5. SEX 6. RACE 7. MARRIED NEVER MARRIED NO.	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs.
	F 13 WIDOWED DIVORCED	12-25-1919 last birthday Months Days Hours Min.
	10A. USUAL OCCUPATION (Give kind al wark 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if relired)	11. BIRTHPLACE (Stote er loreign country) 12. CITIZEN OF WHAT COUNTRY
	Domestic Housework	Suspensible and 2,00
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Grome Dutton	Garner May
	15. Was Deceased Ever in U. S. Armed Farces? (Yes/no ar unknown) liff yes, give wor or doles of servicel SECURITY NO.	17. INFORMANT ADDRESS
	No Unknown 216-30-3762	MRS. FIMA PORSEY SUVESUITE Md.
	18. 34491 CAUSE OF DEATH	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	O / '
	This does not mean the made of dying an (A) IMMEDIATE CAU	ISE Kenal Jailune 15 days.
	heort failure, asthenia, etc. It means the disease, injury or complication which caused death.)	A CONSEQUENCE OF:
	ANTECEDENT CAUSES	a plagia 2 anachmoroisis 572.
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF:
	nise to the obove couse (A) stating the UNDERLYING CONDITION last. (C)	15 1
	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	6
H	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
1	WAS PERFORMED	Mo
11	On CONTRIBUTION OF THE OWNER OWNER OF THE OWNER	i ar about 21 C. WHERE DID (It in Baltimare City, give exect location)
	DEATH (notify medical examined) 210.TIME (Month) (Day) (Year) (Haun) 21E. INJURY OCCURRED	
	S OF INJURY	21F. HOW DID INJURY OCCUR?
I	Work At Werk	
I	22. I certify that (I) (this hospital) attended the deceased from	0.0
I	that (I) (we) last saw the deceased alive an 5 - 22	19and that In (my) (our) opinion death accurred on the date
	ond hour and from the causes stated above. (I) (We) (did) (did nat) vi	
I		ading Med. Stoff
	Decra e D. Marie OFGREE Phys	
	George F. RITChie 19.0.	/In/ M. D. Bret
	24A. BURIAL CREMATION, 124B. DATE 124C. NAME AL CEMETERY AS CRE	MATORY 240, LOCATION (Gity, town, or county) (Sintal
	Burial 5-26-72 Walden Church	A next (Sigle)
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FYNERAL DIRECTOR ADDRESS
	MAY 26 1972 26 48 3 62 20 0 0	a Home all Haidet Siderouth Mid
1	/S 150-REV. 1/1/68	They was the same of the same



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

0-352	BALTIMORE CITY	HEALTH DEPARTMENT		6+407 3-CUT
BIRTH NO. 72 04975	CERTIFICA	TE OF DEATH	Registered No.	12 114975
I. NAME OF DECEASED			HOUR OF DEATH	- 15 0
	DREW U		24/72	17 Pm.
3. PLACE OF DEATH IN BALTIMORE MARYLAND	end	A. STATE P7 COUNT	decoased lived, 11 institu	etion; residence before admission)
FULL NAME OF (If not in haspital or institution, given a discotion)	e street	C. CUT OR ZOWAL (If outs		101
INSTITUTION		c. cir or town (If outs	ide city limits, write RUR	AL one give township)
Bolt were Mid		D. STREET ADDRESS	urol, give location)	
Baselone 18 of		3103 40	my 1408	•
noce vace	DIVORCED (specify)	3/11/24	48	Under 1 Yr., 11 Under 24 Hrs. onths Doys Hours Min,
done during moral of working like even itselfred	USINESS OR INDUSTRY	11. BIRTHPLACE (State & foreig	an country)	2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	//	
whion		marie &	lauter	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, notor unknown) (II yes, give wor or dotes of service)	6. SOCIAL SECURITY NO.	17. INFORMANT	. (ADDRESS
Jas · Navy wwil ?	217-16-6300	adustion	Preore	
18.4/2,31	CAUSE OF	DEATH	٨	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Cons	Direction	Descrip	3/12
(This does not meon the mode of dying, e.g.,	DUE TO	465-00-0		7
heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	< 5	75.20		20 lers.
ANTECEDENT CAUSES	DUE TO	6302		
DISEASES OR CONDITIONS, if ony, giving tise to the obove couse (A) stoting the	الله الله	there arter	iosclerese	waknown.
UNDERLYING CONDITION lost.		W	1900 a de a a de esta a de de a de a de a de a de a de a de	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	1 +	0.	0.0.2	
O THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	History	of my ocarelia	of whomsto	
19A. DATE OF OPERATION 198. CONDITION FOR WH		A. AUTOPSY? (Yes or No)	208. IF YES, WERE FINI	DINGS CONSIDERED S OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING TO 121B. PL	eros perox			ty, give exact location)
OR CONTRIBUTING CAUSE OF home,	lorm, foctory, street, of	or obout 21 C. WHERE DID fice bidg., INJURY OCCUR?	1 A	ly, give exoct loconom
0	NJURY OCCURRED	21F, HOW DID INJU	IRY OCCUR?	
₩ OF INJURY	At Not While			
22. 1 certify that (1) (this hospital) attended the	At Work	3/18	9720 5/	29 1072
that (I) (we) lost sow the deceased alive on	5/24			n deoth occurred on the date
ond hour ond from the couses stoted above. (1)	(did not) v			
23A. SIGNATURE			23	B. DATE SIGNED
took K- Euron	M.D. Alle		Stoff Phys.	5/24/72
23C. PHYSICIAN'S NAME (Type) FREN R. E.	lber m.o.	23D. ADDRESS	ind Gere	cal Hopital
24A. BURIAL CREMATION, 24B. DATE 24C. NAM	S of CEMETERY OF CRE	MATORY 240 LO	CATION (City,	town, or county) (Store)
Burial 5-27-72 Ha	ly Kosar	y To	Dalto.	ma.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	REGISTRAR	25C. FUNERAL DIRECTOR	21.00	ADDRESS /
MAY 26 19/2	3000	Telescarlles.	Hoffmann	3218 Hudsayst
VS 150-REV. 1/1/65	-	, , ,	D V	

- Have want in a comment of the second

					Ш
This certificate must be approved by the chief medical examiner or his assistant if death accurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or cantributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance an the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final dispasition is made.	

1	1-260	72	0497	BALTIMORE CITY CERTIFICA	HEALTH DEPARTMENT	REG. NO	72 04976
I. N	TH NO.				2. DATE	AND HOUR OF DEATH	1 3:00 PM M.
FU	LL NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITU	UNCED DEAD	MARYLAND	Baltimor	institution: residence before admission)
C	+0	ST AGNES	HOSPITA	A L	ARI XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	BUTUS	YES NO 2
	MALE	CAUCASIAN	WIDOWED		6. DATE OF BIRTH 09/12/13	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
don	BRICKLA	A YER	Self E		MARYLAND		USA
		T VECERE			MARY VECE	ERE	
S. Ye:	Nos Deceosed s, no or unknown)	Ever in U. S. Armed For (If yes, give wor or dote	ces? s of service)	16. SOCIAL SECURITY NO. 218-07-7446	Mrs. Lucy D. ST AGNES HOS	Vecere, 5300 SPITAL BAL	D East Drive 21227
CERTIFICATION	(This does no heart failure, or injury or company of company of company of the UNDERLYING OTHER SIGNIFICATION OTHER DEATH DISEASE OR CO. 19A. DATE OF	LEADING TO DEATH In mean the mode of sisthenia, etc. It means plicolian which caused NTECEDENT CAUSES R CONDITIONS, if obove couse (A) CONDITION last. II CANT CONDITIONS CO H BUT NOT RELATED TO TO DIDDITION GIVEN IN PAR OPERATION 198. CON WAS PER	any, giving sloting the TERMING HE TERMINAL IT 1 (A).	(B) C 1/1 DUE TO, OR AS (C) PLSO STATE PO	A CONSEQUENCE OF: A CONSEQUENCE	IN CERTIFYING C	Tion Lis E FINDINGS CONSIDERED AUSES OF DEATH?
MEDICAL O	OR CONTRIBUTED THE CONTRIBUTED	T WAS UNDERLYING TING CAUSE OF medical examiner) (Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	n or obod 21C, WHERE DID fice bidg, INJURY OCCUR?		ore City, give exact location)
	ond hour and 23A. SIGNATUR 23C. PHYSICIAN NAME (Ty SER(from the causes sto	wo i) attended to ed alive on ted obove (N	he deceased from	19 ond iew the body ofter death anding Med. Director Director D	that in (Xi)) (our) of Shaff X Phys. X KENS AVENU	05/21/72 19 , point of death occurred an the date 23B, DATE SIGNED 05 21 72 E 21229 City, town, or county) (State)
	Burial	5-24-1 BY HEALTH DEPT.	972 Ho	ly Redeemer C	1,000	Baltimore. M	
/S	MAY 26		1. Mades	WD O O	Howard H. H.	ibbard, 4107	Wilkens Ave, 21229

AH DEAL AS DESE With Connection and Section 29 Action of Court American According

	17	2 04	977	D.A	ITHORE CITY HE	ALTU DED				976			
5016		MED	ICAI		LTIMORE CITY HE			OF	DEA1	TH REG.	72 (143	977
BIRTH NO.										KEG.	NO		
I. NAME OF DEC	CEASED					2. DATE OF	Known	X	Month	Doy	Yea	r F	lour
		1 Seekf				DEATH	Estimote	d 🗆	5	21	72		11:10 p _M
4. PLACE IN BAL	TIMORE, M	ARYLAND, W	HERE P	RONOUN	ICED DEAD	3. DATE			Month	Doy	Yeo	r F	lour
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NO	ESS OR LOCA	LORINS	STITUTION,	GIVE STREET		PESIDENCE		5	21	72		11:10 pm
4-0	St. A	gnes Ho	spit	al		A. STATE			Gereasea (B. COUN	Ba 1		
6. SEX	7. RACE				IEVER MARRIED	C. CITY C	aryland	<u>a</u>	(76-3	D INSI	DE CITY LIMIT		ore.
М	W												
9. DATE OF BIRTH		10.AGE (In		WED .	DIVORCED	Balti	More H	ighl	ands		YES	NC	X c
		last birthdo		Months :	1 Yr. II Under 24 Hrs. Doys Hours Min.								
12-26-195		21				4263	McDowe:	11 L	ane				
11. BIRTHPLACE (S	tole or lorei	gn country)		12. CITIZ		13. FATHE	R'S NAME						
Maryland	d			US	ACOUNTRY?		Earl W.	. Se	ekfor	d			
14A.USUAL OCCU	PATION (GI	ve kind of work	4B. KINE		INESS OR INDUSTR	15. MOTH	ER'S MAIDE	N NAN	4E				
done during most of w	vorking lite, e mmer	ven il retired)	Ame	rican	Tree Exper		Dora 1	Marr	Brooks				
IA WAS DECEASE	ED EVER IN	U.S. ARMED	FORCE	52 117	SOCIAL	18. INFO		na y	DIOUK		ADDRESS		2
(Yes, no or unknown)	(If yes, give	wor or dotes	ol service)	SECURITY NO.								2107
No				2	14-56-7224	Mr. E	arl W.	See	kford	, Box	88, Ha		
19.	3.10	0			CAUSE OF DEA						6		XIMATE INTERVAL
		DITION DIREC	TIV		Intraventr	cicular	and su	bar	achno:	Ld .			
	LEADING TO		-16.		hemorrha								
(This does no	of mean the	mode of dy	Ing, e.g.,		DUE TO, OR		QUENCE OF:						
tajury or com	, osthenio, etc oplication whi	c. It meons the Ich coused dea	th.)				angioma	a in	left	amygd	laloid		
AN	NIECEDENI	CAUSES			(B) nucl								
RISE TO THE	ABOVE CA	ONS, IF ANY	GIVING		DUE TO, OR	AS A CONS	EQUENCE OF	:					
Z UNDERLYIN	IG CONDII	ION LAST.			(c)								
OTHER SIGN TO THE DEA DISEASE OR 20A. DATE OF	IFICANT CO	II NDITIONS CO T RELATED TO	NTRIBU	TING									
DISEASE OR		GIVEN IN PA			*************								
W ZUA. DATE OF	OPERATIO	N 208. CON	IDITION	FOR WHI	CH OPERATION W	AS PERFOR	MED				21. AU	TOPSY	Y? (Yes or No)
											ye	es	
22A. EXTERM UNDERLYING UTING CAL		ITRIB-		228. PLAC	E OF INJURY(e.g., m, loctory, street, office	tn or obout bldg., etc.)	22C. WHERE	DID (I	l in Boltimo	re City, glv	e exoct location	n)	
		Doy) (Yeor	(Hou	r) 22F It	NJURY OCCURRED		22F. HOW D	ID INI	LIBY OCC	1102			
OF INJURY (APPROX.)	, , , , , , ,	(1001)	, (1100	m. WHILE	AT NOT	WHILE CORK	ZZI. NOW D	נאון טוי	OKT OCC	OKT			
23.		HHALL											
I certi	ify that I h	eld on la	quiry L	Ins	spection Au	lopsy	and that	on th	is basis,	death in	my opinion		
result	ed from: N	laturol caus	:05 X	Accid	ent Suicid	• D H	omicide _	l	Indetermi	ned monn	er 🗌		
		() L	/	1	3		CHIEF MEDI						
ACTUAL		()(1)	111	11-	/	ACC	ISTANT MED					DA	TE SIGNED
SIGNATU		0	- 54	100	M,D	•							
NAME (T		ssell	S E	icher	мъ	ASS	OCIATE MED	ICAL EX	CAMINER			5-	-22-72
24A. BURIAL CREM	AATION.	248. DATE	J. F.		AME of CEMETERY	or CDEMAY	OPV	1245 1	OCATION	10.			
REMOVAL (Specify	y)							240, L	OCATION	(City,	tawn, or coun	ty)	(Stote)
Burial		5-25-1	972	Ce	dar Hill Ce	emeter	7	Ann	e Aru	ndel (County,	Ma:	ryland

25A. DATE REC'D BY HEALTH DEPT.

Cedar Hill Cemetery 258. NAME OF REGISTRAR

25C. FUNERAL DIRECTOR

Anne Arundel County, Maryland ADDRESS

Howard H. Hubbard, 4107 Wilkens Ave. 21229

WAY 2 B VS 151-REV. 1/1/68

7-10-1972 - Completion of cause of death on a pending medical examiner death certificate.

Russell S. Fisher, M.D.

HRS

1220

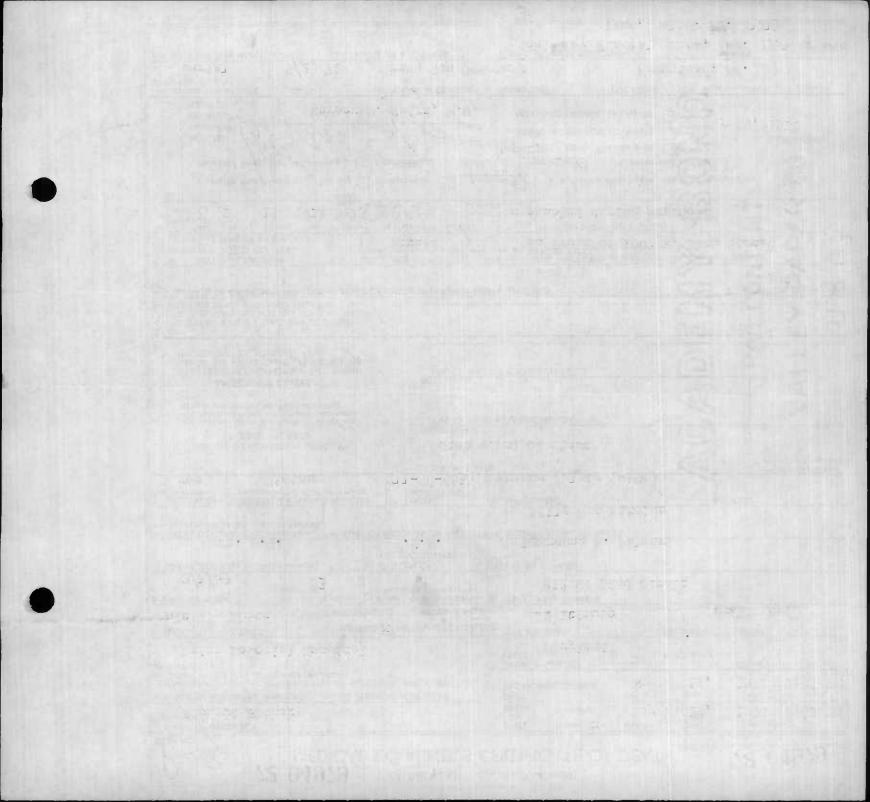
VS 150-REV. 1/1/68

1	1			BALTIMORE CITY	HEALTH	DEPARTMENT		פירי	04978
BIR	1-361 TH NO.	72 0	497	8 CERTIFICA	TE O				0.1378
	AME OF DECI		et N	eudorfer		2. DATE AN	5/20/72		10:15 A. M.
3. 1	LACE IN BALT	MORE, MARYLAND, W			A, STAT			institution: r	esidence before odmission)
HO	LL NAME OF	(IF NOT IN HOSPITA		STITUTION, GIVE STREET		Id.	D. IN	SIDE CITY L	1338 IMITS?
	illo ilon					Balto.		YES 🗌	NO 🗌
	90	Ardleigh l	Vursi	ng Home	1	195 Rockrose	e Ave., Baj	to. Mo	d. 21211
5. S	EX	6. RACE	7. MARR	IED NEVER MARRIED	B. DATE	OF BIRTH	AGE (In years	If Unde	r 1 Yr. If Under 24 Hrs. Doys Hours Min.
	ਸ	W	WIDOV		1	5/9/87	ost birthdoy)	Monins	Doys Hours Min.
10A	USUAL OCCU	PATION (Give kind of work		OF BUSINESS OR INDUSTRY			gn country)	12. CITI	ZEN OF WHAT COUNTRY?
don		vorking life, even if retired)				0			
12	domest				14 0401	Germany	A F		
13.	LAINER 3 NAV	76		, *	14. 10101	HER 3 MAIDEN NAM	16		
	Joh	n Neudorfer				-			
15. Y	Was Deceased	Ever in U. S. Armed Ford	s of servi	1 6. SOCIAL SECURITY NO.	17. tNFO	RMANT			Trust Bldg.
	no	, , , ,		278-30-5748	Anti	nonv Carey	(friend) 18	300 Me	rcantile Bank
_	18.4/1/1	. // 1	_	CAUSE OF DEAT	1	iony ourcy	(1110114)	1	APPROXIMATE INTERVAL
	111	E OR CONDITION DIE	ECTIV						BETWEEN ONSET AND DEATH
		LEADING TO DEATH	ECILI	A CONTRACTOR CALL	A 2	toniosolo		orbo	10 yrs.
		al meon the made af		e.g., DUE TO, OR AS	A CONSE	terioscle	rotte sa	rato-	110.
		asthenia, etc. II means plication which caused		ase,	va	scular di	sease		
		NTECEDENT CAUSES					2		2 2220
					onic	brain syn	drome		3 yrs.
		R CONDITIONS, if above cause (A)		viiig	ACONS	QUENCE OF:			
		CONDITION lost.		(c)					***************************************
		11	-						
ON		CANT CONDITIONS CO							
ATI		H BUT NOT RELATED TO TI ONDITION GIVEN IN PAR		NAL		*****************			
CERTIFIC		OPERATION 198. CON WAS PERI	DITION F	OR WHICH OPERATION	20 A.	NO No.	20B. IF YES, WERE	FINDINGS AUSES OF	CONSIDERED DEATH?
GE	21 A. ACCIDEN	IT WAS UNDERLYING	1	21B. PLACE OF INJURY (e.g.,	in or obou	21C. WHERE DID	(If In Boltim	ore City, giv	re exoct location)
AL	OR CONTRIBU	TING CAUSE OF		home, form, foctory, street, o	office bldg.	INJURY OCCUR?			
U			(Hour)	015 101111011 0 0 0 110000		215 110 11 212 1111	Inv Ocalina		
MEDI	OF INJURY	(Month) (Doy) (Year)	(Hour	While At Not Whi	. —	21F. HOW DID INJ	DRY OCCUR!		
-	(APPROX.)			While At Work Not Whi					
	22. I certify	that (I) (this hospital) attend	ed the deceased fram	anua	ry 16, 1	9 72 to May	7 20	19 72
		last saw the decease						olnian dea	th accurred an the date
			ed abav	e. (I) (We) (did) (did not)	view the	bady after death.			
	23A. SIGNATU	RE nn		1 01.				23 B. D A	TE SIGNED
	The	esta 1	en l	And Phy	ending X	Med. Director	Staff Phys.	May	23, 1972
	23C. PHYSICIA	NS		A POSTER	23D. ADI	RESS			
	NAME (T		Torra F	E. Saylor	- 1	3902 Greenm	ount. Ave.		
244	REMOVAL (S	MATION, 248. DATE		C. NAME of CEMETERY OF CR	EMATORY			City, town,	or county) (State)
	Buria	-11	172	Holy Redeemer C	emete	ry	Balto.	Md.	
254		BY HEALTH DEPT.	258. NA	ME OF REGISTRAR	25C.	FUNERAL DIRECTOR			ADDRESS
	MAY 26	1972 ud Cas	2	A.D.		Schimunek F	uneral Hom	es, In	c. 3331 Brehms

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N.H. to call back. In a number of Institutions. Previously &

	EALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. 72 04979
1. NAME OF DECEASED	2. DATE Known X Month Doy Yeor Hour
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH Estimated LI May 19, 19/2 9:05
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD May 19, 1972 9:05
Union Memorial Hospital	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission B. COUNTY Maryland B. COUNTY
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male White WIDOWED □ DIVORCED □	Baltimore YES NO
9. DATE OF BIRTH 10. AGE (In yeors lost birthdey) 2/1/19 10. AGE (In yeors Months, Doys, Hours, Min.	812 W. 32nd Street
11. BIRTHPLACE (Stote or loreign country) Wash. D.C. U.S.A.	13. FATHER'S NAME
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	Lilly Mae Mathias 18. INFORMANT ADDRESS
(Yes, no or unknown) (Il yes, give wor or doles of service) SECURITY NO.	
ves Vietnam 211-56-563 CAUSE OF DEA	
DISEASE OR CONDITION DIRECTLY Stab	BETWEEN ONSET AND
LEADING TO DEATH (A)IMMEDIATE (wound of chest
Injury or complication which caused de oth.) ANTECEDENT CAUSES (B)	AS A CONSEQUENCE OF: AS A CONSEQUENCE OF:
C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
	AS PERFORMED 21. AUTOPSY? (Yes or N
228. PLACE OF INJURY(e.g., UNDERLYING GOR CONTRIB. UNDERLYING CAUSE OF DEATH 220. TIME (Mostly) (Day) (Year) (Very) (ST. NUMBER)	in or obout 22C. WHERE DID (II in Boltimore City, give exoct location) to front of 1007 W. 36th Street
OF INJURY (MARIN) 19 1972 8-15 WHILE AT THE NOT	22F. HOWDID INJURY OCCUR? WHILE RT Stabbed during argument
23. PM WORK AT W	WORK THE TOTAL THE STATE OF THE
I certify that held an Inquiry Inspection Au	and that an this basis, death in my apinion
resulted from Natural causes Accident Suicid	de Homicide Undetermined manner Deputghief Medical Examiner K
ACTUAL SIGNATURE	ASSISTANT MEDICAL EXAMINED DATE SIGNED
EXAMINER'S Werner U. Spitz, M.D.	ASSOCIATE MEDICAL EXAMINER May 20, 1972
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specily)	(and a security (alone)
Burial 5/23/72 Grave Run Cem	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25B. NAME OF REGISTRAR 25B. NAME OF REGISTRAR 25B. NAME OF REGISTRAR	25c. FUNERAL DIRECTOR Schimunek Funeral Homes, Inc. 3331 Breh
VS 151-REV. 1/1/68	



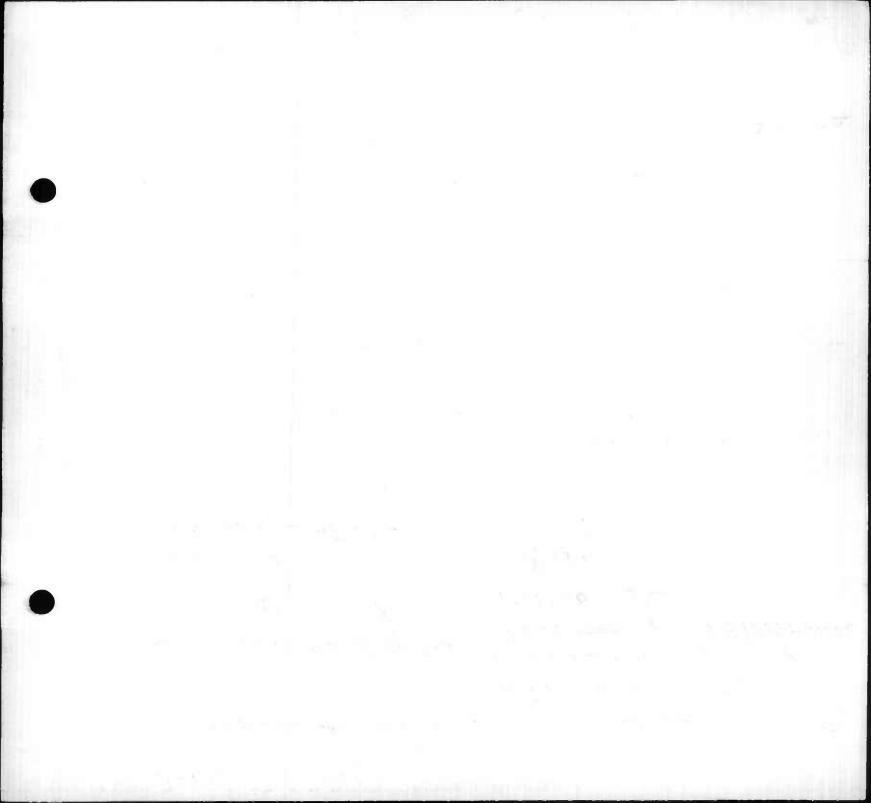
20 04000

4. PLACE IN BALIMORE MARYLAND, WHERE PRONOUNCED DEAD PORT HILL NAME OF PROPERTY AND THE PRONOUNCED DEAD PORT HILL NAME OF PROPERTY AND THE PRONOUNCED DEAD PORT HILL NOT SING BY AND THE PRONOUNCED DEAD May 20, 1972 4:25 PM PORT HILL NOT SING BY AND THE PRONOUNCED DEAD May 20, 1972 4:25 PM PORT HILL NOT SING BY AND THE PRONOUNCED DEAD MAY MAY AND THE PROPERTY AND THE PRONOUNCED DEAD MAY MAY AND THE PROPERTY AND THE PRONOUNCED DEAD MAY MAY AND THE PROPERTY AND THE	4	7-54	1 11	2 043				ORE CITY HE										
I. NAME OF DECEASED	B) OOK	2	MED	ICAI	L E	XAM	INER'S	CER	TIFIC	CAT	E OF	DEAT	H REG. NO	0,	2	0498	00
4. FLACE IN BAILWORK MARPLAND, WHERE PRONOUNCED DEAD PULL NAME OF CONTINUOUS PHACE PRONOUNCED DEAD PARK Hill Nursing Home 4. SEX Male White DAY DOWNED DO			CEASED W	•							Knaw	n 🔯	Manth	Day	Yes	or	Hour	
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May 1 and May 2 and May 1 and May 2	H	DSPITAL	ADDR	ESS OR LOCA	TION) 7	200	ON, GIVE	t au D1		KONOL	JINCED	DEAD	May	20,	1972		1 4:25	PM
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## WIDOWED DIVORCED DIVORCED	6.				B. MARE	RIED [NEVER	MARRIED A	C. C	ITY OR	TOWN			D. INSIDE	CITY LIMI	TS?		-1-
Jan 7, 1886 Safe	L					عديته:									YES	N	10 🗆	
13. BRITHPRACE (Soles or foreign country) 12. CHIZEN OF 13. FATHER'S NAME 24. AUGOLD'S SOMMETWE'CK 13. FATHER'S NAME 24. AUGOLD'S SOMMETWE'CK 25. A. A. WHAT COUNTRY 25. A. A. WAT COUNTRY 25. A. A. C.				lost birthdoy	r)	Mont	hs Doys	Under 24 Hrs. Hours Min.	E. 51				Ave., Pa	ark Hil	1 Nur	sin	g Hom	e
ALL TIMOTE Mac	11.	BIRTHPLACE	State or forel	gn country)					13. F.	ATHER'	S NAMI	E						
Color Colo		Balti	imore,	Md.		U	· S.	A.	Ru	dol	ph S	Somm	erwer	ck				
15. WAS DECEASED EVER IN U.S. ARMED FORCES 17. SOCIAL SUBJECT 18. NO TURNOWN) 19. st, give wor'd oles of service) 17. SOCIAL SUBJECT 18. NO TURNOWN) 19. st, give wor'd oles of service) 17. SOCIAL SUBJECT 18. NO TURNOWN, 19. st, give wor'd oles of service) 19. 19	do	a could most of	MOLKING HIS'S.	ve kind of work i ven il retired)														
Second No. Second Second Second Second Second No. Second No. Second Second No. S	14			U.C. ADALED	P	har			Ma.	ry i	Eliz	abe	th Soi	nmerwe	rck	(D	imli	na
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22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING (Month) (Doy) (Year) (Hour) (APPROX.) 22B. PLACE OF INJURY(e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exact location) home, form, loctory, street, office bidg., etc.) INJURY OCCUR? 22D. TIME (Month) (Doy) (Year) (Hour) (APPROX.) 22E. INJURY OCCURRED (Month) (Doy) (Year) (Hour) (APPROX.) 23. 1 certify that I held an Inquiry Inspection Autopsy and that on this basis, death in my opinion resulted fram: Natural causes Accident Suicide Homicide Undetermined monner Deputy CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE SIGNATURE (Signature EXAMINER'S Werner U. Spitz M.D) ASSISTANT MEDICAL EXAMINER May 21, 1972 24A. BURIAL CREMATION, 24B. DATE (CENTERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote) Burial Signature Deputy Chief Redical Examiner May 22, 1972 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Pursual Extension Address Add	E C	TO THE DE	ATH BUT NO	TRELATED TO	HE TERM	INAL												
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UNDERLYING OR CONTRIB- UNING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) (APPROX.) 1 certify that I held an Inquiry Inspection Accident Suicide Homicide Undetermined monner Deputy CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL SIGNATURE EXAMINER'S Werner U. Spitz M.D. ASSISTANT MEDICAL EXAMINER May 21, 1972 221. DATE SIGNED ASSOCIATE MEDICAL EXAMINER May 21, 1972 2224. BURIAL CREMATION, Page 1972 Lorraine Park Cemetery - Baltimore, Md. 225. HOW DID INJURY OCCUR? (I'm Boltimore City, give exact location) INJURY OCCUR? (I'm Boltimore City, give exact location) (I'm Boltimore City, give exact location) INJURY OCCUR? (I'm Boltimore City, give exact location) (I'm Boltimore City, give axion (Approx.) (0																,
Deputy Chief Medical Examiner May 21, 1972	SA		NAL CAUSE	WAS		22B. PI	LACE OF	INJURY(e.g.,	in or o	bout 22	C. WHE	RE DID	(If in Boltimo	re City, give e	act locatio	n)		
OF INJURY (APPROX.) Certify that I held an Inquiry Inspection Autopsy and that on this basis, death in my opinion resulted frame Natural causes Accident Suicide Homicide Undetermined monner	0	UTING LI CA	USE OF DEA	ATH.		nom e,	iorm, ioci	ory, street, office	bldg.,	etc.) IN	IJUKY O	CCUR?						
1 certify that I held an Inquiry Inspection Autopsy and that on this basis, death in my opinion resulted fram: Natural causes Accident Suicide Homicide Undetermined monner Deputy CHIEF MEDICAL EXAMINER DATE SIGNED	2	OF INJURY	(Month) (C	Ooy) (Year)	(Hour						F. HOW	DID IN	JURY OCC	UR?				
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ACTUAL SIGNATURE SIGNATURE EXAMINER'S Werner U. Spitz/M.D NAME (Type) 24A. BURIAL CREMATION, REMOVAL (Specify) Burial 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR T36 Edmondson Anse			17	1111	00 5-1	AC	Cloent L							-				
EXAMINER'S Werner U. Spitz/M.D ASSOCIATE MEDICAL EXAMINER May 21, 1972 24A. BURIAL CREMATION, REMOVAL (Specify) Burial 5/23/72 Lorraine Park Cemetery - Baltimore, Md. 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR MAY 28 972 Resource of the park				1	100	-	V)		-				H		D	ATE SIGN	ED
24A. BURIAL CREMATION, REMOVAL (Specify) Burial 5/23/72 Lorraine Park Cemetery - Baltimore, Md. 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Table 25C. FUNERAL DIRECTOR 736 Edmondson Anse		EXAMIN	ER'S We	erner U	. Spi	itz	M.D	, M.D							May 2	1,	1972	
Burial 5/23/72 Lorraine Park Cemetery - Baltimore, Md. 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Juneral Estate MAY 28 972 Real Park Cemetery - Baltimore, Md. 736 Edmondson Anne	24.	A. BURIAL CRE	MATION.	24B. DATE		24C	NAME	of CEMETERY	or CRE	MATOR	RY	24D.	LOCATION					.)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR DUNERAL Extends on Aug. 736 Edmondson Aug.	KE	Burial	(Y)	5/23/	72	- 1											(01016	•
736 Edmondson Ane	25	A. DATE REC'D	BY HEALTH			AME C	OF REGIS	TRAR		25C. FI	UNERAL	DIRECTO	DR _	thoi e		•		
130 Camondson Aug		MAY 2.6	1072	ROOM	1.32	Sea.	-				<	Steelin	9 Juner	al Estate				
5 151-REV. 1/1/68	VS	151-REV. 1/1/68	3		1 (2)	94	7 0	0 5	- 1	6.3	0			distre			-	

Adm. 3/4/72 510 Wood side Ave. 21227 3

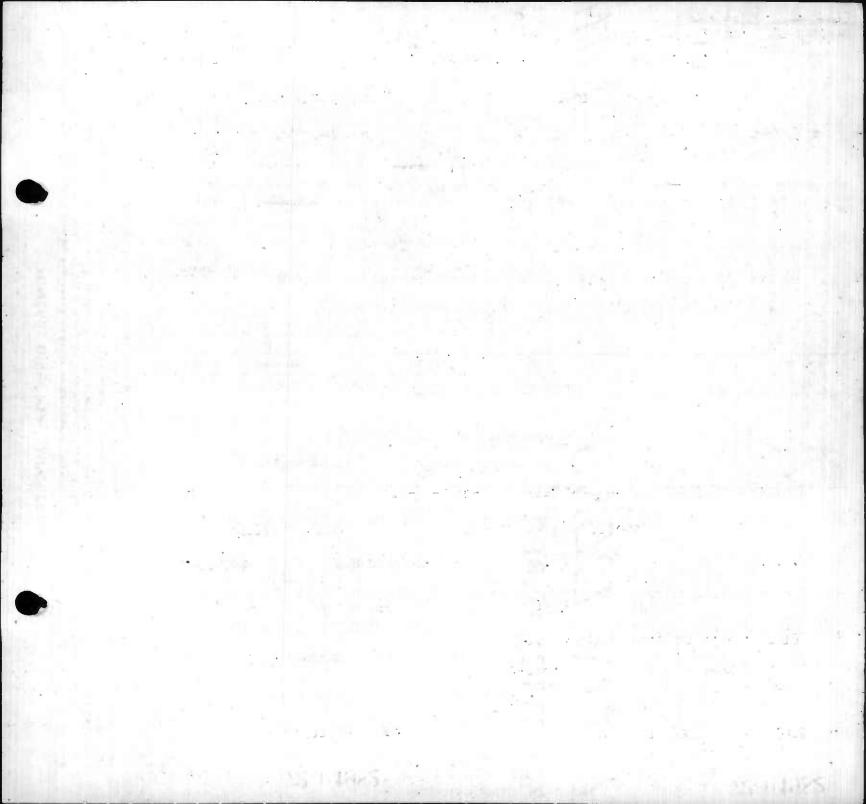
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

В	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. 72 04981	
	NAME OF DECEASED ype or Print) 2. DATE AND HOUR OF DEATH	
	GLAVESKAS-LUCILLE 5/24/72 5.30AM	
3	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence belare admission) A. STATE B. COUNTY	
F	ULL NAME OF IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY UMITS?	
5	BON SECOURS NOSpITAL E. STREET AND NUMBER	
	SEX HARCE IS 17724 THEN 1/AIN OTREET 2/12/	5
	WIDOWED DIVORCED 1-31-20 WIDOWED DIVORCED 1-31-20	
de	A. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?	
	HOOSEWIFE Md. USA	
13	FATHER'S NAME	,
	CASPER LAFADA . 2	
15 IY	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS ADDRESS	
	NO 220-09-2985	
	18. 197. O 1 CAUSE OF DEATH APPROXIMATE INTERVAL	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
	ithis does not mean the made of dying, e.g. (A) IMMEDIATE CAUSE May ascittle C, A. with 2 - ye	
	heart initure asthenia atc. It means the disease	
	ANTECEDENT CAUSES (B) (B)	
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:	
	rise to the above cause (A) stating the UNDERLYING CONDITION tast. (C)	
TION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
N O	DISEASE OR CONDITION GIVEN IN PART 1 (A).	
CERTIFICA	17% DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION 20% AUTOPSY? IVes or No. 20%, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
11	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in gr obout 21C. WHERE DID	
정	DEATH (notify medical examiner) home, form, foctory, street, office bidg., INJURY OCCUR?	
MEDI	21D. TIME (Manth) IDay) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
1 3	IAPPROX.) While At Work At Work	
	22. 1 certify that (4) (this hospital) attended the deceased from 49 1922 to 5/24 1922	
	that (M) (we) last saw the deceased alive an 5 24 19 72 and that in (My) (aur) apinion death accurred on the date	
	and have and from the causes stated abave. (1) (We) (did) (did) fat) view the bady after death.	
	23A, SIGNATURE 23B, DATE SIGNED	
	Arrorance 7. D. Attending Med. Staff Staff Staff Director Phys. 5/24/72	
	23C. PHYSICIAN'S NAME (Type) ARVORANEE Med. Shaff Director Shaff Director Phys. Director Phys. Director Phys.	~
24		
124	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stole)	
25	BURIAL 5-27-72 GlenHAVEN COMETERY RITCLIE HWY, GlenByrne M.	W
	ADDRESS ADDRESS	,
VS	MAY 26 1972 Police & Jale 7 12 0 0 HAHRV 7 6 4200 PenningTon 21221	6



FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	This certificate must be a the body was released the shows: (1) An accident of was D.O.A. at a hospital deceased prior to death) written approval must by

	0			BALT	IMORE CITY	HEALTH	DEPARTMENT		7.00	19 11/10	on
BIR	5-60C	72	0498	S2 CER	TIFICA	TE O	F DEATH	REG. NO		/2 049	02
	AME OF DECE	ASED					2. DATE	AND HOUR OF DEAT	4		
			liam					5/19/72		3:7	5 AM.
		MORE MARYLAND, W				A. STATE	8. CO	here deceased lived. II UNIY	institution;	residence before	odmissian)
HC	LL NAME OF	ADDRESS OR LOC	ATION)	STITUTION, GIVE	STREET	Mo	DR TOWN	D 181	SIDE CITY	ПАПСЭ	and the same of
IN	NOITUTITE						ito.	D. IIV	YES X		1
	90	3509 June	way			11	T AND NUMBER		153 [2	110	J
	10					35	16 Kentuc	ky Ave., Ba	to. M	d. 27213	
5.	SEX	6. RACE	7. MARR	IED NEVER A	ARRIED	8. DATE		9. AGE (In years			
	M	W	WIDOW	ED DIV	ORCED	2	1/7/94	78	7410111113	Doys Hours	741116
		PATION (Give kind of wor	k 108, KIND	OF BUSINESS	R INDUSTRY	11. SIRTH	PLACE (State or fo	oreign country)	12. CIT	ZEN OF WHAT	COUNTRY?
don		orking lile, even if retired)					3/1.3		1113.0	11 0 1	
12	Machin FATHER'S NAM		Kopp	ers & Co.			Md.	AAAE		U.S.A.	
13.	TATHER 3 NAM	i.c.				14. 7001	TER 3 MAIDEN N	AME			
		William Bau					Marion E	liott			
15. (Ye	Wos Deceased	Ever in U. S. Armed Fo (If yes, give wor or date	rces? es of servi	1 6. SOCIAL		17. INFOR	MANT			ADDRESS	
	no				-2426-A	To	illiam Ba	TTT / co.	1) 350	O T	
	18. / 6 2	57 1			E OF DEATH		I I I I alli De	mer III (SO)	11 350	APPROXIMATE	INTERVAL
	100	OR CONDITION DI	DECTI V	~~	netas	Hot;	- care	unione of		BETWEEN ONSET	AND DEATH
		EADING TO DEATH				V	he colon			7 mi	rithe
		I mean the made of		e.g., (A)!!	UE TO, OR AS	A CONSEC	UENCE OF:			/	
		Isthenia, etc. It means dication which coused		ose,							
		NTECEDENT CAUSES								140	
				(B)	UE TO, OR AS	A CONSE	OHENCE OF				
		R CONDITIONS, if above cause (A)		9	DE TO, OR AS	A CONSE	QUENCE OF:				
		CONDITION last.		(c)							
1		- 11									
O		DITHER SIGNIFICANT CONTRIBUTING O THE DEATH BUT NOT RELATED TO THE TERMINAL									
ATI	DISEASE OR CO	NDITION GIVEN IN PA	RT 1 (A).				••••••		•••••		
CERTIFICATION	19A. DATE OF	OR WHICH OPE	RATION	20 A.	20 A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDII IN CERTIFYING CAUSES			NGS CONSIDERED OF DEATH?			
CE	21 A. ACCIDEN	T WAS UNDERLYING		218 PLACE OF	INJURY (e.g., in	n or obout	21C. WHERE DID	(If in Soltim	ore City, gi	ve exact location)
A		MING CAUSE OF		home, form, fact	ory, street, of	fice bldg.,	INJURY OCCUR?				
U		(Month) (Doy) (Year)	(Hour)	21E. INJURY OC	CHARLE		21F. HOW DID I	MILLION OCCUPA			
MEDI	OF INJURY	(IVIONIN) (Doy) (160)	(11000	While At	Not While	_	ZIF. HOW DID I	NJORT OCCOR:			
_	(APPROX.)			Work	At Work		, ,				
	22. I certify t	hot (I) (this hospita	d) attend	ed the deceose	d from	Cer	telus	19 41 to	n	10 19	1972
		lost sow the deceas				U 19	72 and	that in (my) (o	ninian de	oth occurred o	n the date
									printon de	ory occorred o	in the dore
		from the couses sta	red above	e. (I) (majulata	(did not) v	iew the	oody ofter deof	h.	1000 D A	TE FIGURE	
	23A. SIGNATUR	23B. DATE SIGN								TE SIGNED	
	Ci	Ci. Cllow the Attending Attending Director Director Phys. Shoff Director Stoff Director Direc									
	23C. PHYSICIAN NAME (Ty	f'S		To all the	[2	23 D. ADD	RESS		-	//	
		Dr. Ala	n Spi	er			7507	Pentridge Ro	3.		
24	A. BURIAL CREM REMOVAL (Sp	ATION, 248. DATE		C. NAME of CEM	DEGREE!	MATORY			City, town,	or county)	(Stote)
	Burial	5/22/	72	Loudon P	ark Cem	eterv		Balto. N	Id.		
25	A. DATE REC'D	BY HEALTH DEPT.		AE OF REGISTRA			FUNERAL DIRECT	OR		ADDRESS	
	MAY 2.6	1972 Valent	E. Va.	Ben M.D.	7	S	chimunek	Funeral Home	s, In	c. 3331	Brehms
VS	150-REV. 1/1/6	8	1 7	7 600	(3)	3	9 /			alto. Md	



contributing cause of death Undetermined cause; (5) Deceased Such hospital and LO eath. attendance prior occurred gular made deceased disposition 2 MOS 4 eath LO final attendance any OF embalmed 0 the chief medical examiner regula ho are n physician the remains WOS physician Body 0 by 3 ere to the hospital °Z nature; 3 obtained 9 puo any hospital death) the body was released must accident

approval

VS 150-REV. 1/1/68

prior to

deceased o

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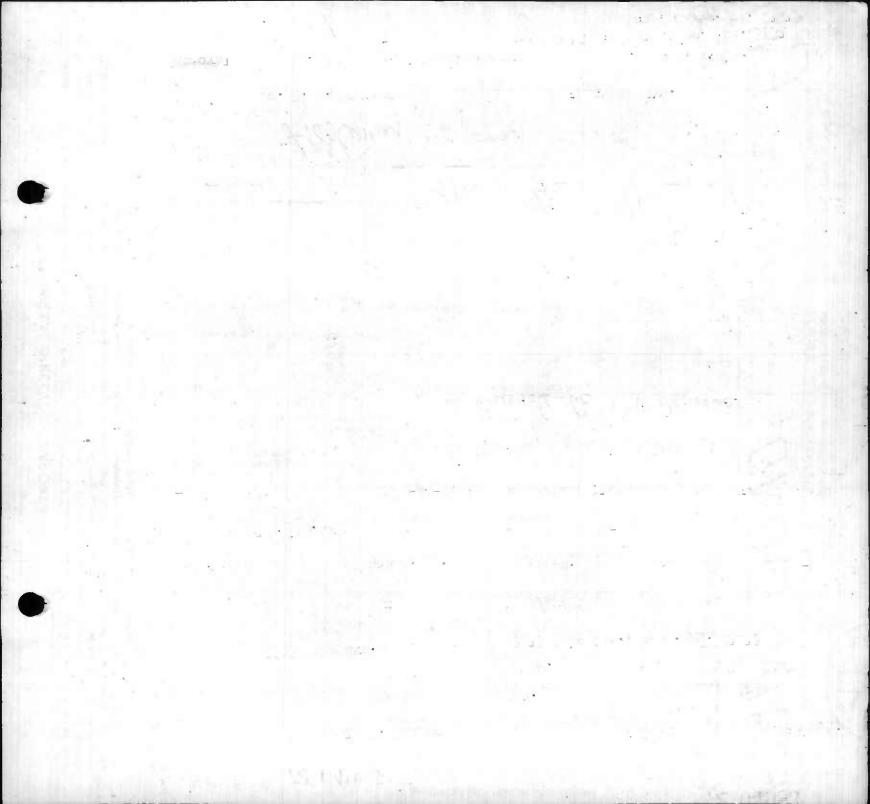
MOS

12 U4983 BALTIMORE CITY HEALTH DEPARTMENT 72 04983 REG. NO. CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Harold Z. Langer 5/20 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD A. STATE LIF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Md. HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS? YES T Bal to NO 3313 Lake Ave. 3313 Lake Ave., Bi to. Md. 21213 9. AGE (In years S. SEX 6. RACE B. DATE OF BIRTH If Under 1 Yr. Months: Doys If Under 24 Hrs. 7. MARRIED NEVER MARRIED Hours lost birthdoy WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Johnston, Pa. Penna. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Langer 15. Was Deceased Ever in U. S. Armed Forces 16. SOCIAL 17. INFORMANT ADDRESS (Yes, na or unknown) (If yes, give wor or dates of service) SECURITY NO. 188-22-2500 Catherine. CAUSE OF DEATH BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode at dying, e.g., DUE TO. OR AS A CONSEQUENCE heart lailure, asthenia, etc. It means the disease, injury ar complication which coused deoth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, il ony, DUE TO, OR AS A CONSEQUENCE rise to the abave couse (A) stoting the UNDERLYING CONDITION lost, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A-DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20A. AUTOPSY? (Yes or No) WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) MEDICAL DEATH (notify medical examiner) etc.) 21 D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? Not While OF INJURY While At [(APPROX.) Work At Work 22. I certify that (I) (this hospital) attended the deceased from that (1) (we) lost sow the deceased alive on...ond that In(my) (owe) opinion death occurred on the date and hour and from the causes stated above. (1) (We) (did not) view the body after death. 23A, SIGNATURE 23B, DATE SIGNED Attending X Phys. Director 23 C. PHYSICIAN'S 23D. ADDRESS NAME (Type) Dr. L. B. Stevens Erdman 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY of CREMATORY (City, town, or county) Grandview Cemetery

F OF REGISTRAR

Schimunek Funeral Homes, Inc. 3331 Brehms

Schimunek Funeral Homes, Md. 21213 Removal 258. NAME OF REGISTRAR

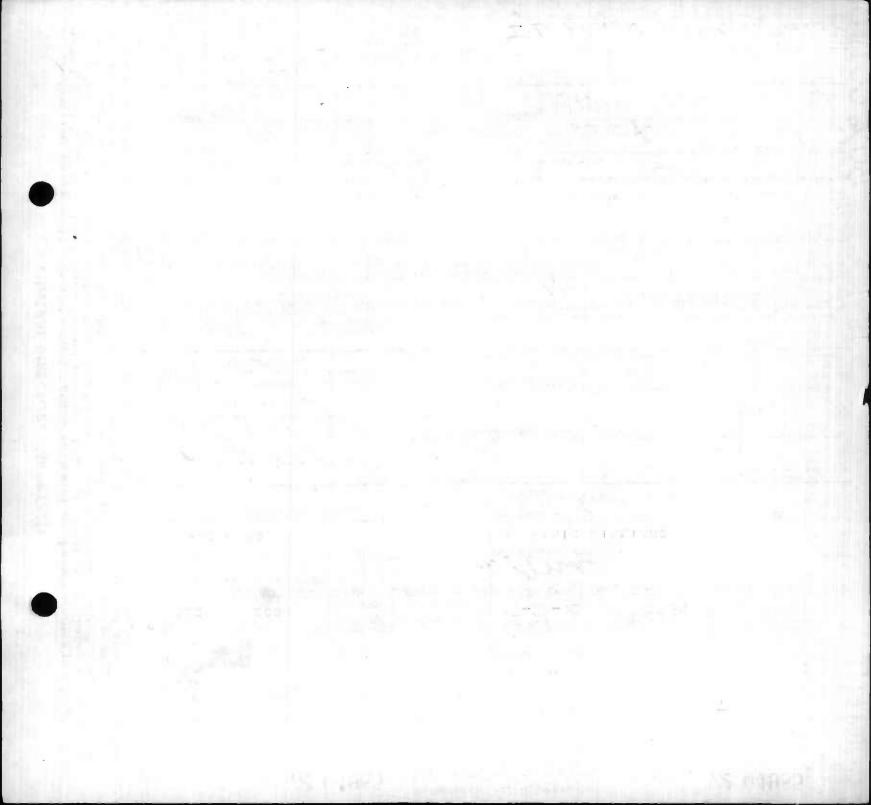


	IRTH NO.		4984 BALTIMORE CIT	ATE OF DEATH	REG. NO	72 04984			
	NAME OF DE	Edward		2. DATE A	2. DATE AND HOUR OF DEATH 5-25-72 445				
3	PLACE IN BA	James Tay	WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Wh	4. USUAL RESIDENCE (Where deceased lived, II institution: residence below admission)				
F	ULL NAME OF	(IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INSTITUTION, GIVE STREET	Maryland	NII	909			
II.	NOITUTIEN			C. CITY OR TOWN D. INSIDE CITY LIMITS?					
(no	GOOD S	AMARITAN H	OSPITAL	E. STREET AND NUMBER		YES NO			
5.	SEX	6. RACE	17	1317 Greenmou					
1	MALE	BLACK	7- MARRIED NEVER MARRIED X WIDOWED DIVORCED	05-22-07	lost birthdoy) 65	II Under 1 Yr. If Under 24 H Months Doys Hours Min.			
de	one during most of	working lile, even if retired)	108 KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE Stale or for	eign country)	12. CITIZEN OF WHAT COUNT			
13	Laborer FATHER'S NA		Bethlehem Steel	Virginia		United State			
		Garfield Taylo	or	14. MOTHER'S MAIDEN NA					
15 (Y		Ever in U. S. Armed For	rces? 16. SOCIAL		e Taylor	ADDRESS			
1	no.	, , , , , , , , , , , , , , , , , , ,	SECURITY NO. 216-10-5064	Mrs. Kebecca	Williams 43	8 E. Federal St. 2 1, Box 119 Meherri			
		aslhenia, etc. il means		A CONSEQUENCE OF:					
ATION	DISEASES Of the UNDERLYING	aplication which caused ANTECEDENT CAUSES OR CONDITIONS, if a obave cause (A) GONDITION last	any, giving DUE TO, OR AS	S A CONSEQUENCE OF:					
RTIFICATION	DISEASES Of the UNDERLYING	aplication which caused ANTECEDENT CAUSES OR CONDITIONS, if a obave cause (A) GONDITION last	any, giving DUE TO, OR AS	20A. AUTOPSY? (Yes or N	o) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?			
ICAL CERTIFICATION	DISEASES Of the UNDERLYING	aplication which caused ANTECEDENT CAUSES OR CONDITIONS, if a obave cause (A) GONDITION last	any, giving DUE TO, OR AS	20A. AUTOPSY? (Yes or N.		FINDINGS CONSIDERED AUSES OF DEATH? ore City, give exact location)			
MEDICAL CERTIFICATION	DISEASES CONSE TO THE DEAT DISEASE OF CONTRIBUTE OF INJURY LAPPROXI	ANTECEDENT CAUSES OR CONDITIONS, if e obave cause (A) OF CONDITION last, II ICANT CONDITIONS CONDITION GIVEN IN PAR OPERATION IN PAR OPERATION IVAS PERI IT WAS UNDERLYING ITHNG CAUSE OF medicol examined	deoth.) any, giving DUE TO, OR AS sloting the (C)	20A. AUTOPSY? (Yes or N.) in or about 21 C. WHERE DID (NJURY OCCUR?	(If In Boltimo				
MEDICAL CERTIFICATION	DISEASES OF STATE OF THE DEAT OF CONTRIBUTION OF INJURY 1APPROX.)	ANTECEDENT CAUSES OR CONDITIONS, if e obave cause (A) G CONDITION last, IL ICANT CONDITIONS CO H BUT NOT RELATED TO TO ONDITION GIVEN IN PRE- OPERATION 198 CON WAS PERI HT WAS UNDERLYING UTING CAUSE OF medical examined IMonth) (Day) (Year)	deoth.) any, giving DUE TO, OR AS sloting the (C) NTRIBUTING HE TERMINAL T I (A). DITION FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, farm, foctory, street, oetc.) (Houd 21E INJURY OCCURRED While At Not While Work At Work) attended the deceosed from	20A. AUTOPSY? (Yes of N. V.) in or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID INJ	(If In Boltimo	may 23 19 72			
MEDICAL CERTIFICATION	DISEASES CONSE TO THE DEAT DISEASE OR CONTRIBUTE OF INJURY TAPPROX.)	ANTECEDENT CAUSES OR CONDITIONS, if e obave cause (A) G CONDITION last. ILLIANT CONDITIONS CO H BUT NOT RELATED TO TO OPERATION 119B. CON WAS PERI ONDITION GIVEN IN PAR OPERATION 119B. CON WAS PERI ONDITION CAUSE OF medical examined IMonth) (Day) (Year) that (I) this hospital lost sow the decease	any, giving DUE TO, OR AS sloting the (C)	20A. AUTOPSY? (Yes or No. 1) Define or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID INJURY OF THE DID INJURY OCCUR?	(If In Boltimo	may 23 19 72			
MEDICAL CERTIFICATION	DISEASES Conse to the UNDERLYING OTHER SIGNIF TO THE DEAT DISEASE OR CONTRIBUTION OR CONTRIBUTION OF INJURY LAPPROX.) 21D. TIME OF INJURY LAPPROX.) 22. 1 certify that (1) (we) and hour and 23A. SIGNATU	ANTECEDENT CAUSES OR CONDITIONS, if e obave cause (A) G CONDITION last. ILLIANT CONDITIONS CO H BUT NOT RELATED TO TO OPERATION 19PE. (IN PAR OPERATION 19PE. (IN PAR OPERATION 19PE. (CAUSE OF medicol examined) IMonth) (Day) (Year) thou (I) this hospital lost sow the deceose I from the couses stat RE	any, giving DUE TO, OR AS sloting the (C)	20A. AUTOPSY? (Yes or No. 1) Define or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID INJURY OF THE DID INJURY OCCUR?	(If In Boltimo	May 25 19 72 Inion death occurred on the de			
MEDICAL CERTIFICATION	DISEASES OF SIGNATURE OF INJURY LAPPROXJ	ANTECEDENT CAUSES OR CONDITIONS, if e obave cause (A) G CONDITION last, II ICANT CONDITIONS CO H BUT NOT RELATED TO TO ONDITION GIVEN IN PAR OPERATION 198 CON WAS PERI IT WAS UNDERLYING ITING CAUSE OF medicol examined IMonth) (Day) (Year) thos (I) This hospital lost sow the deceose I from the couses stat RE	any, giving DUE TO, OR AS sloting the (C) NTRIBUTING HE TERMINAL T 1 (A). DITION FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, foctory, street, o etc.) (Houd 21E INJURY OCCURRED While At Not While Work At Work) attended the deceosed from ded above. ((1) (We) (did) (did not) while work at the control of the	20A. AUTOPSY? (Yes or N.) in or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID INJuly 19 22 ond the liew the body ofter death.	(If In Boltimo	inion deoth occurred on the do			
MEDICAL CERTIFICATION	DISEASES Conse to the UNDERLYING OTHER SIGNIF TO THE DEAT DISEASE OR CONTRIBUTION OR CONTRIBUTION OF INJURY LAPPROX.) 21D. TIME OF INJURY LAPPROX.) 22. 1 certify that (1) (we) and hour and 23A. SIGNATU	ANTECEDENT CAUSES OR CONDITIONS, if e obave cause (A) G CONDITION last, II ICANT CONDITIONS CO H BUT NOT RELATED TO TO ONDITION GIVEN IN PAR OPERATION 198 CON WAS PERI IT WAS UNDERLYING TING CAUSE OF medicol examined IMonth) (Doy) (Year) thos (I) This hospital lost sow the deceose from the couses stat RE INS (Pe)	any, giving DUE TO, OR AS sloting the (C)	20A. AUTOPSY? (Yes or N.) in or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID INJury Occur? 21F. HOW DID INJury Ond the line body ofter death. Inding Med. Director	(If In Boltimo	May 25 19 72 Inion death occurred on the do			
	DISEASES CONSE TO THE DEAT DISEASE OR CONTRIBUTION THE DEAT DISEASE OR CONTRIBUTION THE DEAT DISEASE OR CONTRIBUTION THE DEATH INDIFF. 21A. ACCIDENT OR CONTRIBUTION THE DEATH INDIFF. 21D. TIME OF INJURY IAPPROX.) 22. 1 certify that (1) (we) and hour and 23A. SIGN ATU 23B. PHYSICIA NAME (1)	ANTECEDENT CAUSES OR CONDITIONS, if e obave cause (A) G CONDITION last. ILLIANT CONDITIONS CO H BUT NOT RELATED TO TO ONDITION 1978. CON WAS PERI OPERATION 1978. CON WAS PERI OTHER CAUSE OF medical examined IMonth) (Day) (Year) that (1) this hospital lost saw the decease from the causes state RE The Course of the course state RE The Course of the course state RE The Course of the course state RE The Course of the course state RE The Course of the course state RE The Course of the course state RE The Course of the course state RE The Course of the course state RE The Course of the course state RE The Course of the course state RE The Course of the course state RE The Course of the course state RE The Course of the course state The Course of the course state The Course of the course state RE The Course of the course state The Course of the course state The Course of the course state The Course of the course state The Course of the course state The Course of the course state The Course of the course state The Course of the course of the course state The Course of the course of the	any, giving DUE TO, OR AS sloting the (C) NTRIBUTING HE TERMINAL T I (A). DITION FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., both one, form, foctory, street, oetc.) (Houd 21E INJURY OCCURRED While At Not While Work At Work) attended the deceosed from ded above. ((1) (We) (did) (did not) was a street of the control of the cont	20A. AUTOPSY? (Yes or N.) In or about 21C, WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID INJ 19 72 ond the riew the body ofter death. Inding Add. Director D 23D. ADDRESS	(If In Boltimo	inion deoth occurred on the do 238, DATE SIGNED 5-25-72			
24/	DISEASES Conse to the UNDERLYING OTHER SIGNIF TO THE DEAT DISEASE OR COTTON TO THE DEAT DISEASE OR CONTRIBUTED TO THE TOTAL TH	ANTECEDENT CAUSES OR CONDITIONS, if e obave cause (A) G CONDITION last, ILICANT CONDITIONS CO H BUT NOT RELATED TO TO ONDITION GIVEN IN PRE- OPERATION 198 CON WAS PERI IT WAS UNDERLYING ITING CAUSE OF medical examined IMonth) (Day) (Year) that (I) This hospital lost sow the decease I from the causes stat RE WATION, 248 DATE pecity) MATION, 248 DATE pecity)	any, giving DUE TO, OR AS sloting the (C)	20A. AUTOPSY? (Yes or N.) in or obout 21C, WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID INJ 19 22 ond the riew the body ofter death. Inding Director Dire	(If In Boltimo URY OCCURY 19 22 to opt out I (my) (our) opt Shoff Phys. The occupy occupy occupy occupy occupy The occupy o	inion deoth occurred on the do			
24/ Tr:	DISEASES OF THE PROPERTY OF THE DEAT DISEASE OR CONTRIBUTED OF THE DEAT DISEASE OR CONTRIBUTED OR CONTRIBUTED OF INJURY LAPPROX.) 22. I certify that (1) (we) and hour and 23A. SIGNATU DEAT DISEASE OF INJURY LAPPROX.) 23. PHYSICIA CREAREMOVAL (SEASE OF INJURY LAPPROX.)	ANTECEDENT CAUSES OR CONDITIONS, if a obave cause (A) CONDITION last. ICANT CONDITION I LICANT CONDITION CONDITION GIVEN IN PAR OPERATION 178 LATED TO TO MAS PER IT WAS UNDERLYING CAUSE OF medicol examined IMonth) (Day) (Year) Those (I) this hospital lost sow the deceose from the couses state RE TO CONDITION 178 LATED TO TO TO TO TO TO TO TO TO TO TO TO TO	any, giving (B) DUE TO, OR AS sloting lhe (C). NTRIBUTING HE TERMINAL TI (A). DITION FOR WHICH OPERATION FORMED 21B. PLACE OF INJURY (e.g., home, form, foctory, street, o etc.) (Houd 21E INJURY OCCURRED While At Work At Work At Work At Work At Work) attended the deceosed from do olive on May 24 ed above. ((1) (We) (did) (did not) very compared to the deceosed from deceosed from do olive on May 24 EL A REPT CENTERN OF CREETERY	20A. AUTOPSY? (Yes or N.) in or obout 21C, WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID INJ 19 22 ond the riew the body ofter death. Inding Director Dire	OCATION (C)	inion deoth occurred on the decity, place signed 238. DATE SIGNED 5-25-72 Hospital (Stole)			

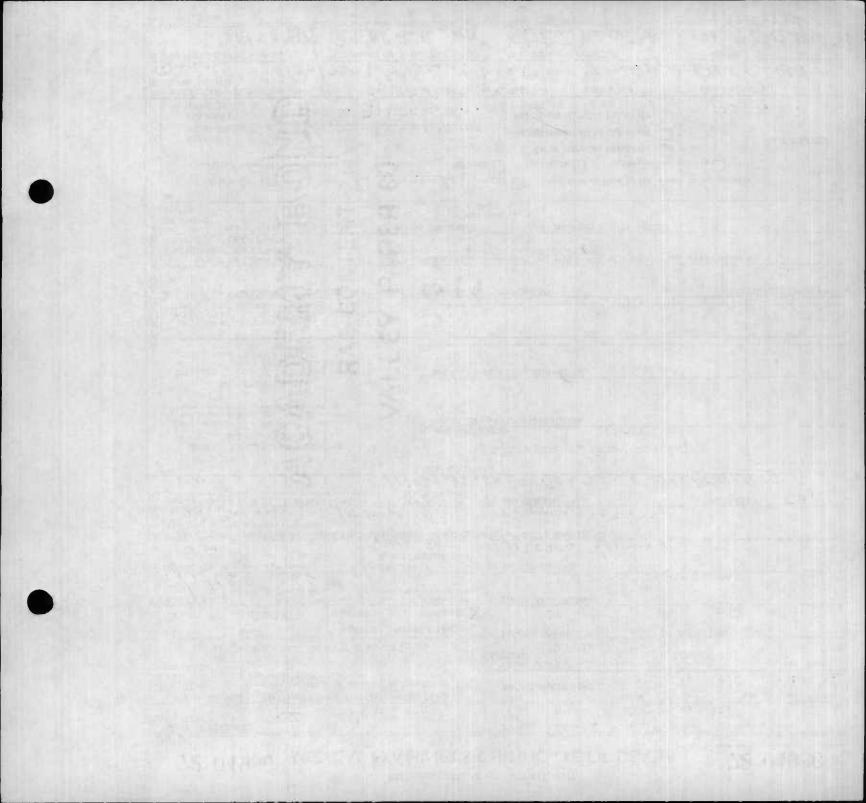
RELABORITATION .

a hospital and Such (4) Undetermined cause; (5) Deceased HO death. ance contributing cause attend 10 .= prior occurred regular pow deceased isposition 5 Was the direct assistant death HO O kind; final attendance any pronounced 10 Also, pew fracture of embai examiner regular examiner. who are 3 2 physician romains the chief medical Was medical burns; physician the any nature; (2) Body the U before where the hospital °N by obtained 9 approved (except and 0 99 of hospital death) the body was released shows: (1) An accident must 0 approval 8 prior 10 4 deceased 0.0 written shows: Was

BALTIMORE CITY HEALTH DEPARTMENT 72 04985 CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) OF M. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE I Where deceased lived. It institution; residence odmission) MARYLANDCOUNTY CALVERT FULL NAME OF HOSPITAL OR INSTITUTION IIF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? LUSBY NOK YES JOHNS HOPKINS HOSPITAL E. STREET AND NUMBER 5. SEX 6. RACE 8. DATE OF BIRTH MARRIED NEVER MARRIED 9. AGE Iln yeois II Under 24 Hrs. MALE NEGRO lost birthdoy) Months Doys 07-28-10 61 Hours ! WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 111. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MOSES FORD ANNIE WILLIAMS 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give was or dates of service) 17. INFORMANT 6. SOCIAL ADDRESS SECURITY NO. usly mus CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B) DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ! (A) 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? OR CONTRIBUTING CAUSE OF 21 & PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg, INJURY OCCUR? (If In Boltimore City, give exect location) MEDICAL DEATH (notify medical examined 21D.TIME (Month) (Doy) (Year) (Houd 216 INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX) Work Al Work 22. I certify that (1) (this hospital) attended the deceased from that (i) (we) last saw the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above (I) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23 B. DATE SIGNED Attending [Med. Phys. Director 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type 24A. BURIAL CREMATION, DATE 24B. 24C, NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or (Stote) county REMOVAL (Specify) 21 Of J 258 NAME OF REGISTRAR 25. FUNERAL DIRECTOR HEALTH DEPT. VS 150-REV. 1/1/68

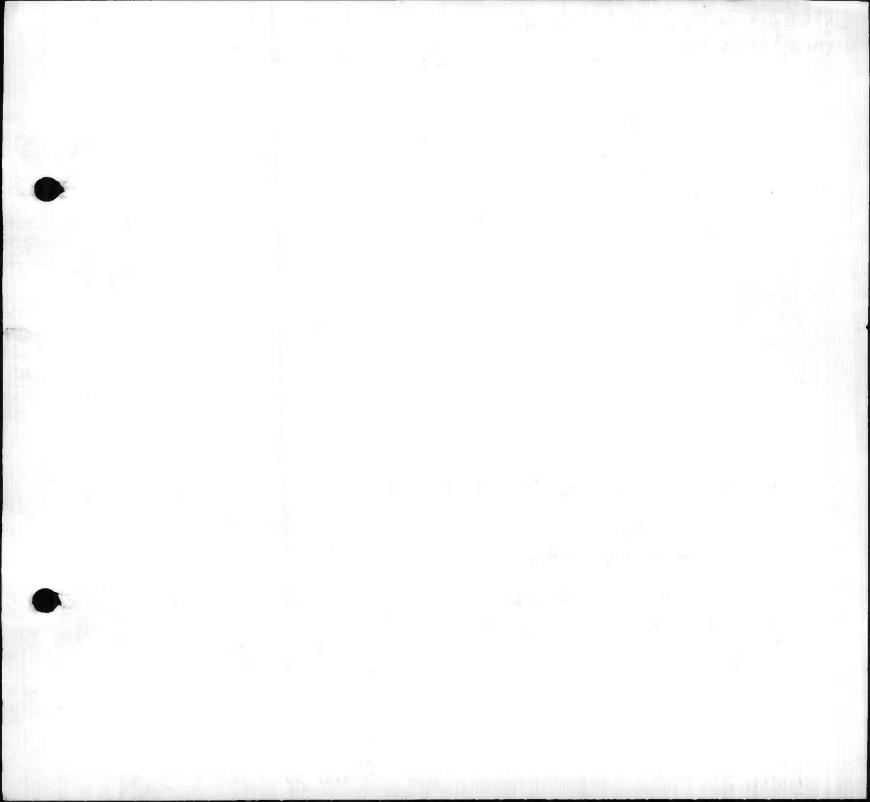


G-520	BALTIMORE CITY HEALTH DEPARTMENT 72 04986 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 72 04986 BIRTH NO.
r.	1. NAME OF DECEASED (Type or Print) KMK GOLDEN GOINS 2. DATE OF DEATH Estimated May 25, 1972 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE SIREET ADDRESS OR LOCATION) 3. DATE Month Day Year Hour PRONOUNCED DEAD May 25, 1972 1:40 A.M. 5. USUAL RESIDENCE (Where deceased lived. #! Institution: residence before admission)
•	6. SEX 7. RACE Maryland 6. SEX 7. RACE Negro B. MARRIED NEVER MARRIED C. C. CITY OR TOWN Negro D. INSIDE CITY LIMITS? YES X NO C. 9. DATE OF BIRTH 10. AGE (In yeors last birthday) 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? WHAT COUNTRY?
	14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME Letter Present 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or doles of service) 17. SOCIAL SECURITY NO. SECUR
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc., it means the disease, injury ar complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Malignant neoplasm involving Malignant neoplasm involving DUE TO, OR AS A CONSEQUENCE OF: (A) IMMEDIATE CAUSE right lung DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF:
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No.) NO.
•	UTING CAUSE OF DEATH. 22D. TIME (Manth) (Day) (Year) (Hour) 22E.INJURY OCCURRED. OF INJURY (APPROX.) WHILE AT WORK AT WORK AT WORK 1 certify that I held an Inquiry Inspection Autapsy and that on this basis, death in my opinion
	ACTUAL SIGNATURE EXAMINER'S NAME (Type) ACTUAL SIGNATURE EXAMINER'S NAME (Type) ACTUAL SIGNATURE EXAMINER'S NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, lown, or county) (State)
	REMOVAL (Specify) Burish State Co. Wet 25A. DATE REC'D BY HEALTH DEPT. MAY 26 1972 Robert E. Janbert R. Chatman mewel Hour-170 Mic Cullon States VS 151-REV. 2/1/68



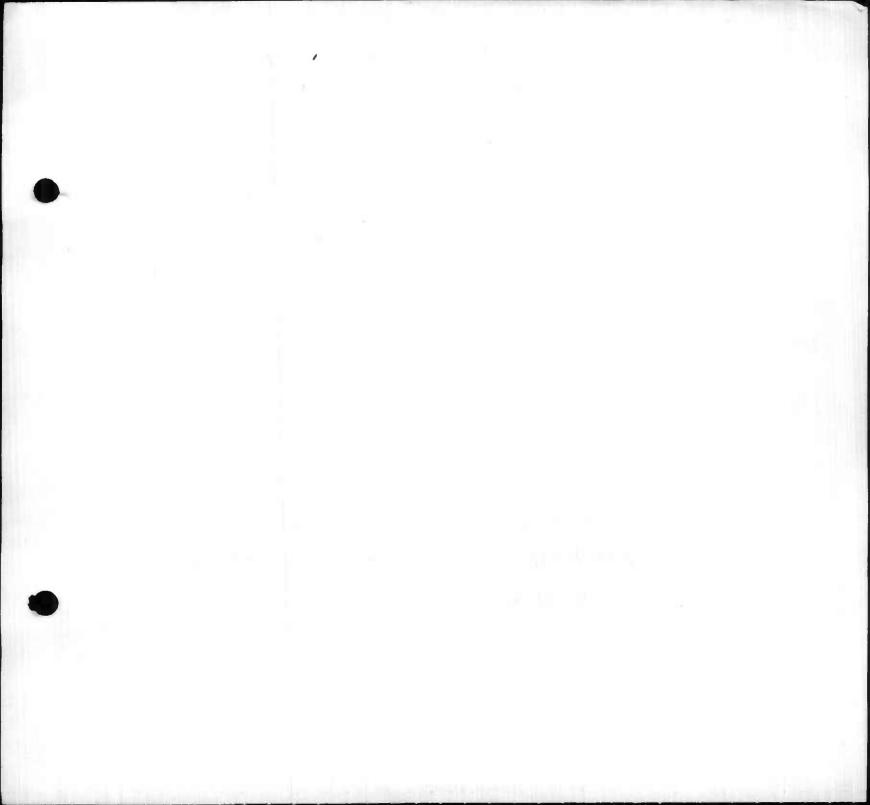
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. goved by the chief medical examiner or his assistant if death accurred in a hospital and This certificate must be app

11.	T-460 72 0498	BALTIMORE CITY	HEALTH DEPARTMENT	2:	2 04987
RI	RTH NO.	7 CERTIFICA	TE OF DEATH	REG. NO.	
1.	NAME OF DECEASED			D HOUR OF DEATH	
(1)	re or Printle Toylor, John	H.	\$ 5	20/12/2:50 an	-1
3,	PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived of instituti	one residence before admission)
II H	JLL NAME OF (IF NOT IN HOSPITAL OR II ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	Balt. City	Maryland	2/01
ll'N	University of Maryland 1	tospital	C, CITY OR TOWN	D. INSIDE C	ITY LIMITS?
	Green atrest	~	E. STREET AND NUMBER) at /
5.	SEX 6. RACE 7. BEAD		1636 W (on w		7. 692 21230
	Mare Black WIDO	NEVER MARRIED DIVORCED	8. DATE OF BIRTH	9. AGE (In years 67 Mo	Under 1 Yr. If Under 24 Hrs. https://doi.org/10.1001/1
t0.	A. USUAL OCCUPATION (Give kind of work 108, KIN				CITIZEN OF WHAT COUNTRY
	FATHER'S NAME		N GETH	PROLIKA	LOA
'	FAIRER S NAME		14. MOTHER'S MAIDEN NAM	ALL Ann Bo	11 (0
15.	Wes Decesed Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	IIIE HAN SE	
(Y.	s,no or unknown) (If yes, give wor or dotes of serv	SECURITY NO.			ADDRESS
1	NO	2/5-10-5836 CAUSE OF DEATH	Eliza laylor	636 W	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY	/ Julian of Blan			BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A) IMMEDIATE CAU	SE Cancer Prim	ary Site unknow	n
	heat lailute, asthenia, etc. It means the dise injuty at complication which caused death.)	e.g., DUE TO, OR AS A	CONSEQUENCE OF:	/	
1	ANTECEDENT CAUSES				
	DISEASES OR CONDITIONS, if any, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:		
	rise la lhe above cause (A) staling UNDERLYING CONDITION last.	me			
	ll l	(C)			
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG Acute	MI +TI	3 E	Codans man
FICA	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE FINDING CAUSES	NGS CONSIDERED
ERTIFIC	WAS PERFORMED			IN CERTIFYING CAUSES	OF DEATH?
CALC	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examines)	21 B. PLACE OF INJURY (e.g., In home, form, loctory, street, alf etc.)	or about 21 C. WHERE DID ce bldg., INJURY OCCUR?	(II In Baltimore City,	, give exact location)
0	21D-TIME (Month) (Day) (Year) (Hour)	21 E INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
3	OF INJURY (APPROX)	While At Not While At Work			
	22. I certify that (t) (this hospital) attend		5/4	22 10 5/	20 19 22
	that (N) (we) last sow the deceased alive			t in(my) (aur) opinian	deoth accurred an the dote
	and hour and fram the causes stated abov	e. (1) (We) (did) (did-not) vi	ew the body ofter death.		
	23A. SIGNATURE	Atten	P		DATE SIGNED
	23C. PHYSICIANS	DEGREE Phys.	Director L F	hys. \Box 3	/20/72
	23C. PHYSICIAM'S NAME (Type)	2	3D. ADDRESS	/	
24/	BURIAL CREMATION, 24B. DATE 246 REMOVAL (Specify)	DEGREE	MATORY 24D. LO	CATION (City, tow	rn, or county) (State)
	Burial 5-23-72	Ht O.L.	co R	14'	Man Hand
25/	DATE REC'D BY HEALTH DEPT. 258. NA		25C. FUNERAL DIRECTOR	eltimore,	Mary land
2	MAY 26 1972 Jable E.	Barber M.D.	Granes Ag	Rice 661 1	1. Isame St



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. BIRTH NO. 14988 CERTIFICATE OF DEATH REG. NO. 72 04988
S. SEX S. RACE 7. MARRIED NEVER MARRIED NOT SITUATION NUMBER NOT STATE NOT S
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institutions residence before admission) A. STATE B. COUNTY MARKED OF HOSTITAL OR INSTITUTION, GIVE STREET HOSTITAL OR ADDRESS OR LOCATION! B. SCOURT OR TOWN D. INSIDE CITY LIMITS? YES NO LA JETHER NAME LA JE
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET STATE S. COUNTY
BON SECURITOR HOSPITAL BON SECURES HOSPITAL FOUNDER STREET AND NUMBER (14 Warner Street S. SEX 6. RACE 7. MARRIED NEVER MARRIED 6. DATE OF BIRTH 10. AUSUAL OCCUPATION (Give kind of work) 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHFLACE (State or lareign country) 10. AUSUAL OCCUPATION (Give kind of work) 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHFLACE (State or lareign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAJOEN NAME 15. Was Descessed Ever in U. S. Armed Forces? 15. Was Descessed Ever in U. S. Armed Forces? 16. SOCIAL SCURITY NO. 17. INFORMANY ADDRESS 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart lailure, asthenia, etc., il means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving is to the obove couse (A) stating the
Batimore, YES NO BATIMORE NO DIVORCED STREET AND NUMBER [S. SEX B. RACE AMARKED NEVER MARRIED STREET AND NUMBER (OLH Warner Street [S. SEX B. RACE AMARKED NEVER MARRIED STREET AND NUMBER (OLH Warner Street [S. SEX B. RACE AMARKED NEVER MARRIED NEVER MARRIED STREET AND NUMBER (OLH Warner Street [S. DATE OF BIRTH STREET AND NUMBER (OLH Warner Street [S. AGE any years of ill Under 1 %. Ill Under 2 %. Ill Under 1 %. Ill Under 1 %. Ill Under 1 %. Ill Under 1 %. Ill Under 1 %. Ill Under 1 %. Ill Under 1 %. Ill Under 1 %. Ill Under 1 %. Ill Under 2 %. Ill Under 1 %. Ill Under 1 %. Ill Under 2 %. Ill Under 2 %. Ill Under 2 %. Ill Under 2 %. Ill Under 2 %. Ill Under 2 %. Ill Under 2 %. Ill Under 2 %. Ill Under 2 %. Ill Under 2 %. Ill Under 2 %. Ill Under 2 %. Ill Under 1 %. Ill Under 2 %. Ill Under 2 %. Ill Under 2 %. Ill Under 1 %. Ill Under 2 %. Ill U
E. STREET AND NUMBER G. RACE
S. SEK S. RACE 7. MARRIED NEVER MARRIED S. DATE OF BIRTH 9. AGE (in your loss birthday) 11 Under 1 Yr. 11 Under 24 His. 10. USUAL OCCUPATION (Give kind of work 10.8, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAKEN NAME 14. MOTHER'S MAKEN NAME 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANY ADDRESS 18. CAUSE OF DEATH CAUSE OF CONDITION DIRECTLY LEADING TO DEATH CAUSE OF DEATH CAUSE OF CONDITIONS if only, giving fise to the obove couse (A) stating the cause of the disease, injury or complication which coused death.) CAUSE OF DEATH CAUS
TOA USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANY 18. 18. 18. 19. 10. SOCIAL SECURITY NO. 19. 10. SOCIAL SECURITY NO. 10. SOCIAL SECURITY NO. 11. INFORMANY 12. CITIZEN OF WHAT COUNTRY? ADDRESS CAUSE OF DEATH CAUSE OF DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. II means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the course (B). CAUSE OF DEATH CAUSE OF DEATH CAUSE OF CONDITIONS, if ony, giving rise to the obove couse (A) stating the course (B). DUE TO, OR AS A CONSEQUENCE OF:
13. FATHER'S NAME 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dales of service) 16. SOCIAL SECURITY NO. 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heard ladiue, asthenia, etc. II meons the disease, injury or complication which coused death.) ANTECEDENT CAUSE DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) staling the
13. FATHER'S NAME 14. MOTHER'S MAJOEN NAME 15. Was Deceased Ever in U. S. Armed Forces? 15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 18. SSCIAL SECURITY NO. 18. SSCIAL SECURITY NO. 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart lailure, astheria, etc., II meons the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving fise to the obove couse (A) staling the course of the cou
13. FATHER'S NAME 14. MOTHER'S MAJOEN NAME 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. II meons the disease, injury or complication which coused deoth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does no mean the mode of dying, e.g., heart failure, asthenia, elc., II meons the disease, injury or complication which coused deoth.) ANTECEDENT CAUSES DISEASE OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart laiture, astheria, etc. II means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the
CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. II meons the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. II meons the disease, injury or complication which coused deoth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. II means the disease, Injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) staling the
heart failure, astheria, etc. II meons the disease, injury or complication which coused deoth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving fise to the obove couse (A) stating the
ise to the obove couse (A) stating the
UNDERLYING CONDITION lost. (c) Chownic much direct + Pzolemia.
Z OTHER CICAMERS AND ASSESSMENT OF THE PROPERTY OF THE PROPERT
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 194-Date of Operation 198 Condition for which Operation was Performed 198 Considered in Certifying Causes of Death?
174. DATE OF OPERATION 1798. CONDITION FOR WHICH OPERATION WAS PERFORMED 204. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21 G. WHERE DID (If in Relitmore City, give every location)
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, larm, foctory, street, office bidg., INJURY OCCUR?
OF INJURY OF INJURY OF INJURY OCCUR?
While AI Work AI Work
22. I certify that (I) (this hospital) attended the deceased from 5 23 19 32 to 5 24 19 32
that (1) (we) lost saw the deceased olive on 5/24/32 19 32 and that in (my) (our) opinion death occurred on the date
and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.
23B, DATE SIGNED
pages Phys. L. Director Phys. C. 7 / 12
BON SECOURS HOSPITAL
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION 1Gity, town, or county) (State)
Burial A 21-12 Ht. Auburn Baltimore Marilland
MAY 26 1972 Robert St. 1258, NAME OF REGISTRAR 125C. FUNERAL DIRECTOR ADDRESS



Such the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death, written approval must be obtained before the remains are embalmed or final disposition is made.

	\ -	- 11)	1000	BALTIMORE CITY	HEALTH DEPARTMENT		20 04000
-)-24	3	04989	CERTIFICA	TE OF DEATH	REG. NO.	72 04989
	TH NO.	EASED		OLK TIT TO		ND HOUR OF DEATH	
(Ty	pe or Print)	WILSON	DESA	10/1<	ma	1 20 10-	2. 1 2:00 0.
3.	PLACE IN BAL	TIMORE MARTLAND, V	VHERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (Whe	o deceased fived If inst	2 3:00 PM
811	II NAME OF	AE NOT IN HOSBI	AL OR INICTIVITY	701 014 670	Maryland	414	10011
HO	LL NAME OF	ADDRESS OR LOC	ATION)	TION, GIVE STREET	C. CITY OR TOWN	In this in	E CITY LIMITS?
9	7				Baltinore		YES NO T
1	Provid	ent Hosp	1/0/	INC.	E. STREET AND NUMBER		No.
		-///			3400 Jy	nchasler	Rd.
5, 5	EX	6. RACE	7- MARRIED	NEVER MARRIED	& DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
1	MALE	BLACK	WIDOWED		2-14-00	71	
don	USUAL OCC	UPATION (Give kind of wor working life, even if retired)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of fore		12. CITIZEN OF WHAT COUNTRY?
	Retir				Baltimore	md	U.S. A.
13.	FATHER'S NA	ME			14 MOTHER'S MAIDEN NA	£	
	901-	Da Da	Shinl	do	1 11.		
15.	Was Deceased	Ever in U. S. Armed For	rces?	6. SOCIAL	17. INFORMANT		ADDRESS
(16:	A /	di yes, give war or bak		SECURITY NO. 3/2-05-3275	11/10 De	shields	30. me
H	18.	/ 1		CAUSE OF DEATH		3/11/6/45	APPROXIMATE INTERVAL
	DISEAS	E OR CONDITION DI	RECYLY	Capelia	PACALA.T. a.		BETWEEN ONSET AND DEATH
		LEADING TO DEATH		(A) IMMEDIATE CAU	RespiraTory	+ allupe	2 days
	heart failure,	ot mean the mode of asthenia, etc. It means	dylng, e.g., the disease.		A CONSEQUENCE OF:		
	Injury or con	plication which caused	death.)	0 /		- /	
		ANTECEDENT CAUSES		(B) Ude	A CONSEQUENCE OF:	na of lyn	9 3 years
	DISEASES C	R CONDITIONS, if above cause (A)	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	/	
	UNDERLYING	CONDITION last.	ent guitore	(c)			
		11					
TON	OTHER SIGNIF	ICANT CONDITIONS CO	NTRIBUTING				
CAT	DISEASE OR C	ONDITION GIVEN IN PAR	IT I (A).	***************************************		***************************************	***************************************
CERTIFICATION	TYA-DATE OF	OPERATION 198 CON		HICH OPERATION	20A. AUTOPSYZ (Yes or No	IN CERTIFYING CAUS	IDINGS CONSIDERED ES OF DEATH?
CER	21A. ACCIDEN	IT WAS UNDERLYING	21B.P	LACE OF INITIRY (e.g., in	or about 21 C. WHERE DID	(if to Relations of	City, give exact location)
AL	OR CONTRIBU	IT WAS UNDERLYING [TING CAUSE OF medical examiner)	NO home,	form, foctory, street, oli	ice bldg. INJURY OCCUR?	in th polimore	City, give exect locotion)
MEDICAL	21 D. TIME	(Month) (Doy) (Yeor)		NJURY OCCURRED	21F. HOW DID INJ	Har o cours	
ME	OF INJURY	100,7 (100,7	While			OKT OCCOR?	
			Work	Ll At Work			
1		that (1) (this hospital				10	20-72 19
		last saw the decease				at in (my) (aur) apinio	an death accurred on the date
	and haur and		ted abave. (1)	(We) (did) (did nat) vi	lew the body after death.		
	0	1.01		Atter	nding Med.		BL DATE SIGNED
	23C. PHYSICIA	dello di	uon r	O C O HELD		Staff Phys.	5-20-72
	NAME (T	ypel		1	Provident 1	4 negital +	Ne. Balto. md
244		odolfo Qu	110 N	M.D DEGREE		103/11/10 17	, perilo, 1110.
24A	REMOVAL	MATION, 248, DATE	24C. NAA	AE of CEMETERY of CRE	MATORY 24D. LO	CATION (City,	town, or county) (State)
-	BURI		72 Ar	butus Me	m. Park Ar	butus.	Yoruland
25A	DATE REC'D	SY HEALTH DEPT.	258 NAME OF	REGISTRAR	25C. FUNERAL DIRECTOR	0	ADDRESS
	MAIAO	MIL Vasais	" As Per	400	mames H	rice 661 V	1. Barre St.



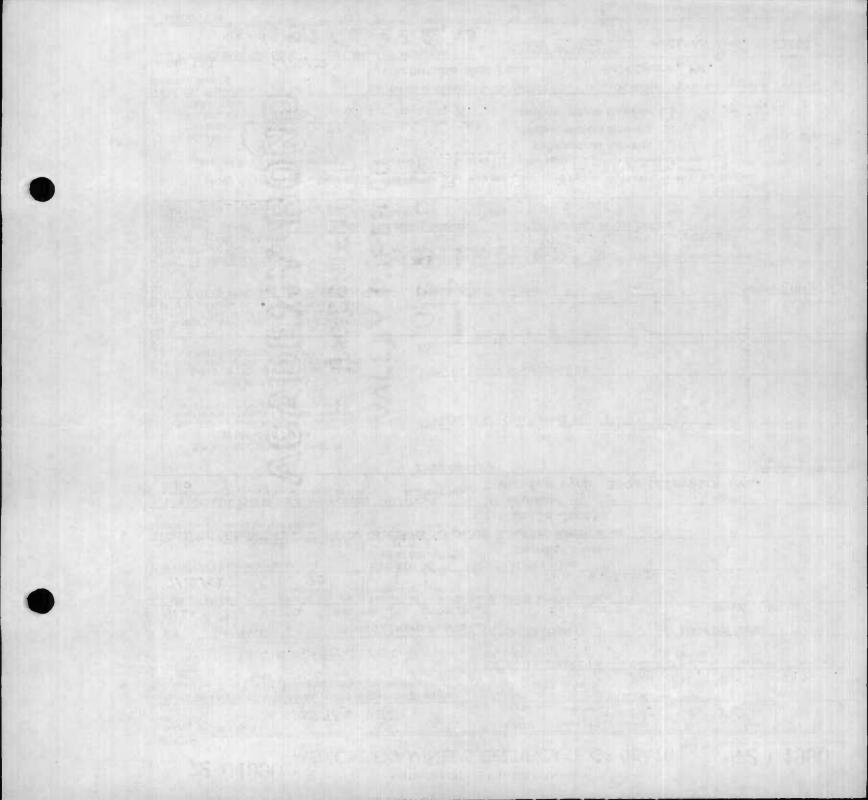
W-500

72 04990

BALTIMORE CITY HEALTH DEPARTMENT

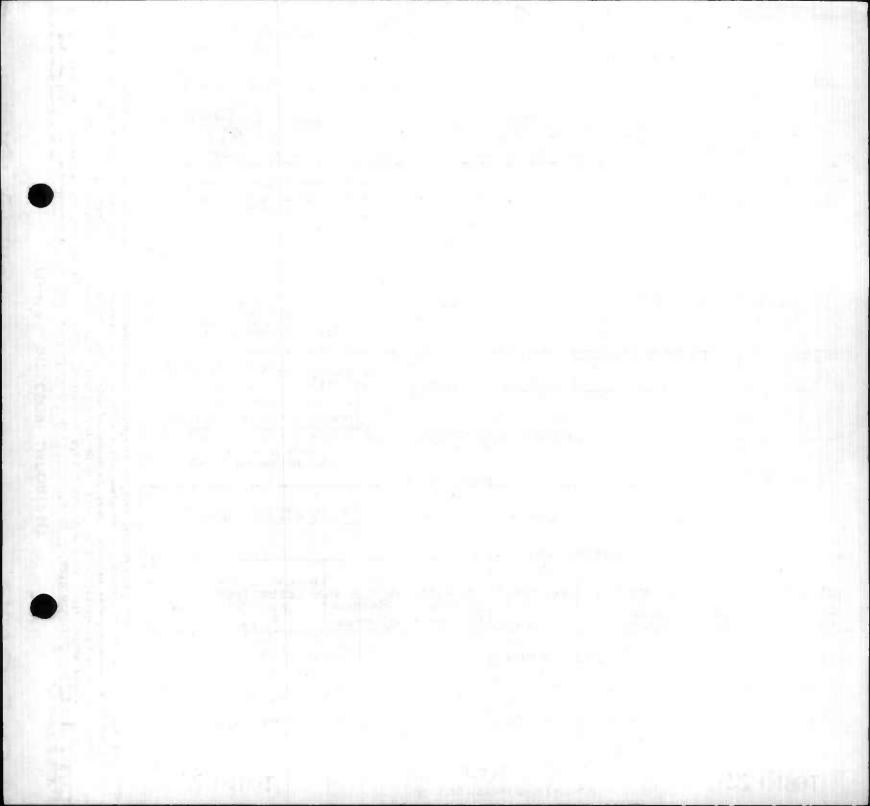
MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO	12 (0499
--	------	------

BI	RIH NO.								. DL	RE	G. NO	8 1-00	01000
	NAME OF DEC	EASED	CHAND	LER	WYN	IN .	2. DATE OF DEATH	Known Estimoted	Mon' Ma	ay 1	8, 19	72	Hour
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 1004 R. Lafayette Street							3. DATE PRONOL	INCED DEAD	Mon! Ma	ay 1	8, 19		8:05 A.M.
6.	SEX	7. RACE					C. CITY OR	Maryla	na	(5.1)	ICIDE CIT	/	601
	Male		gro	WIDOV	_	NEVER MARRIED	C. CITT OR	Baltimo	220	D. IN	ISIDE CIT		
9.	7/22/01		10.AGE (In lost birthdoy 70	yeors	If Un	der I Yr. II Under 24 Hrs. Iss Doys Hours Min.	E. STREET A	ND NUMBER		avette		s X	NO L
	BIRTHPLACE (So			lina	W	TIZEN OF HAT COUNTRY?	13. FATHER'S	NAME		ayette	Stre	ec	
3011	ooting moster w	orking life, ev	en areared)			U.S.A. USINESS OR INDUSTRY		a Jacob					
16. (Ye	WAS DECEASE , no or unknown) No	D EVER IN I (If yes, give w	U.S. ARMED	FORCES service)	17. SOCIAL SECURITY NO.	Vernic	e Wynn	1004	Lafay		DRESS Ave.	
	19.	551	X			CAUSE OF DEAT	гн						PPROXIMATE INTERVAL
CERTIFICATION	(This does no heart follure, injury ar cam	TECEDENT (R CONDITION ABOVE CAL G CONDITION FICANT CON H BUT NOT	mode of dying in moore the housed deal causes one, if any, ise (a) station Last.	GIVING THE	ING	(8) DUE TO, OR A	S A CONSEQU	JENCE OF:	ind of	E head			
ERT					FOR W	HICH OPERATION WA	S PERFORME	D				21. AUTO	OPSY? (Yes or No)
- 1	0											No	
MEDIC	UNDERLYING UTING CAU 22D. TIME (A OF INJURY		rib. Th.	(Hour) 221	ACE OF INJURY (e.g., 1 form, loctory, street, office Home E.INJURY OCCURRED BILEAT NOT NOT NOT WE AT WE	22	C. WHERE DIE JURY OCCUR 1004 W. F. HOWDID I	Lafay	rette S	give exoci	tocotion)	1601
		RE Ch	stural caus	()c	pr	Inspection Autoridade Autoridade M.D. Autoridade M.D. Autoridade M.D.	ASSIST	and that an nicide HEF MEDICAL TANT MEDICAL	Undete EXAMIN EXAMIN	ermined mo	nner 🗌		DATE SIGNED
24 A	BURIAL CREMA	ATION, 24	B. DATE		24C.	NAME of CEMETERY of Arbutuas Men			Do late			or county) (Stote)
25 /	Burial DAYE REC'D B	YHEALTH D	1972 1972			F REGISTRAR		NERAL DIREC		Madis		ORESS Ve.	21201
40.					-			-					



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and (the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death); and before the remains are embalmed or final disposition is made.

72 0499 1	BALTIMORE CITY	HEALTH DEPARTMENT		=0.04004
BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO	72 04991
NAME OF DECEASED	,	2. DATE AP	ND HOUR OF DEATH	
Type or Print) STEWART A	- TOHNSON	# 5	-18-72	1 8 30 PM
3. PLACE IN BALTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD	A. STATE & COUN	re deceased lived. If instituti	ion: residence before dimission
FULL NAME OF (IF NOT IN HOSPITAL OF ADDRESS OR LOCATION	R INSTITUTION, GIVE STREET	red.		1703
ADDRESS OR LOCATION 900 ARGYLE	Auce	C. CITY OR TOWN	D. INSIDE C	TITY LIMITS?
900 ARGYLE AAT. 8B	700	BALTO	YES	NO 🗌
Belto., Uld. 2	1201	E. STREET AND NUMBER	Ave. Apt. 8.	6
M NEGRO WIL	ARRIED NEVER MARRIED DOWED DIVORCED	8. DATE OF BIRTH 01-12-98	74	Under 1 You off Under 24 Hrs. nths Doys Hours Min.
OA, USUAL OCCUPATION (Give kind of work 108, I	UND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE State or fore	ign country! 12	CITIZEN OF WHAT COUNTRY
Retried -		111		usat
3. FATHER'S NAME		14 MOTHER'S MAIDEN NA	ME	4801
5. Was Deceased Ever in U. S. Anned Forces? (es,no or unknown) (If yes, give war or dates of s	16. SOCIAL	17. INFORMANT		ADDRESS
es, no or anknown, at yes, give war or dates of a	SECURITY NO. 215-03-8713			
18, 7, 4, 7, 7, 7, 8	CAUSE OF DEAT	 		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTL		•		BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A)IMMEDIATE CAL	CAPDIAC	ARKUST	unates
IThis does not mean the mode of dying	. 6.0.	A CONSEQUENCE OF:	477 100 37	700000
heart failure, osthenia, etc. It means the a	lisease,			
ANTECEDENT CAUSES	Character 1	1 11 A 11 A 17 A 17 A	Almakerts	1 P
DISEASES OR CONDITIONS, if any,	(B) CALEIA	NOME OF THE	NAWCKBAS	parin!
rise to the above cause (A) statis	and the second			
UNDERLYING CONDITION last.	(c) WIDE!	PLEAD METASI	X-(8)	
OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO THE TEX DISEASE OF CONDITION GIVEN IN PART 1 (A	MINAL			
DISEASE OR CONDITION GIVEN IN PART 1 (A 1794-DATE OF OPERATION 1998. CONDITION WAS PERFORMED 2144. ACCIDENT WAS UNDERLYING	N FOR WHICH OPERATION	20A. AUTOPSYT (Yes or No	10 CERTIFYING CAUSES	NGS CONSIDERED OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	21 B. PLACE OF INJURY (e.g., in home, farm, foctory, street, of etc.)	or obout 21 C. WHERE DID	(If In Boltimore City	give exoct location)
21 D. TIME Month) (Doy) Year Ho				
S OF INJURY	While At Not While	21F. HOW DID INJ	URY OCCUR?	
IAPPROXI	TOTAL AT THORE			
22. I certify that (I) (this hospital) atte	inded the deceased from	4-24	19 72 to 5-	18 19 72
that (i) (we) last saw the deceased all-		19 22 and the	at in (my) (out) opinion	death occurred an the date
and hour and from the causes stated at	ove. (I) (We) (dld) (did-not) v			
23A. SIGNATURE	1	The body enter decima	238.	DATE SIGNED
Mickey 17 6	Atte	nding Med.	Staff Phys.	- 10 27
23C. PHYSICIAN'S		Director L	Phys.	-19-72
NAME (Type)	9/			, 11
4A. BURIAL CREMATION, 24B. DATE	HAYES DEGREE	827 LINGE		Jallo. 21201
REMOVAL (Specify)	24C. NAME OF CEMETERY OF CRE		CATION (City, to	wn, or county) (State)
Burial 5/23/72	Mt. AuburnCemete	ry Ba	ltimore, Maryl	and
	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
MAY 26 1972 196	Best E, Jarben M.D.	Mary E.Law 8	302 Madison Ave	
'S 150-REV. 1/1/68	7 7 2 0	7 3 7 8 6		



IMPORTANT FUNERAL DIRECTOR:

Such This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. written approval must be obtained before the remains are embalmed or final disposition is made.

VS 150-REV. 1/1/68

0 -			BALTIMORE CITY	HEALTH DEPARTA	MENT		70	0.4000
8-500 BIRTH NO.	72 04992	2	CERTIFICA	TE OF DEA	TH	REG. NO	66	04992
1. NAME OF D	John Pa	me		2.	DATE AN	AY 18.7	2 1	1030 Am M
3. PLACE IN I	ALTIMORE MARYLAND, W	HERE PRO	NOUNCED DEAD	4. USUAL RESIDEN	CE (Whe	re deceased lived. If i	nstitution; res	idence before emission)
FULL NAME (HOSPITAL OR INSTITUTION	OF (IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INS	STITUTION, GIVE STREET		158	Distric of	IDE CITY LIN	NILSS.
39	Provident Ho	ospita	1	E. STREET AND NU 1010 Park		d, N.W.	YES X	ио []
S. SEX Male	6.RACE Black	7- MARRI WIDOW	ED DIVORCED	8. DATE OF BIRTH 8/17/09		9. AGE (In years lost birthdoy) 63	If Under Months D	Yr. If Under 24 Hrs. Doys Hours Min.
done during most	CCUPATION (Give kind of work of working life, even if retired)	108 KIND	OF BUSINESS OR INDUSTRY			gn country) Columbia		N OF WHAT COUNTRY
13. FATHER'S N	John C. Payno			Neenah	Geor			
15. Was Deceas (Yes, no or unkno	ed Ever in U. S. Armed Forward life yes, give war or date	ces? s of servic	1 & SOCIAL SECURITY NO. 579-60-4543	Mrs. France	es C	. Payne (wi		ADDRESS Same
DISEASES nise ta UNDERLYI	ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) NG CONDITION last.	any, givi slaling ((C)	A CONSEQUENCE OF	lole Fi	s Blet	ta	
■ IDISEASE OR	ATH BUT NOT RELATED TO THE CONDITION GIVEN IN PARTON OF OPERATION 198 CON-	OITION FO	PR WHICH OPERATION	20A. AUTOPSY? (Y	es or No	20B, IF YES, WERE	FINDINGS C	ONSIDERED
_ OR CONTR	DENT WAS UNDERLYING DENTING CAUSE OF		21B FLACE OF INJURY (e.g., in home, form, foctory, street, offi etc.)	or obout 21 C. WHERI	E DIO CURT			exact location)
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)		While At Work Not While At Work	1	נאו מום	URY OCCURT		-12-2-16
that (i) (w	e) last saw the decease and from the causes stat. TURE Lawluck Clans (Type)	d alive a	(i) (We) (did) (did not) vi	ing Med. Directe	_and the	Staff Phys.	_	accurred on the date
24A. BURIAL C REMOVAL Cremat			NAME of CEMETERY OF CREA	MATORY		1 1 /	ity, town, or	county) (State)
25A, DATE REC	MAY 26 1972		E Jabes M.B.	McGuire	Funer	al Home		ADDRESS

Totalisme Mont, Ser.

VS 150-REV. 1/1/68

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RAITIA	ACRE	CITY	HEALTH	DEDADT	AFENT

REG. NO.	12	04	99

BIRTH NO.2)4993		CERTIFICA	TE OF D	EATH	REG. P	٧٥	12 0	4993
1. NAME OF DECI	Elvita, Br				2. DATE	May 24,			8:50 p
FULL NAME OF HOSPITAL OR	TIF NOT IN HOSPIT. ADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET	4. USUAL RESI	Land	JNTY		4	before odmission
INSTITUTION	Baltimore 4940 Easte Baltimore,	ern Aver	nue	Baltimo E. STREET AND	ore D NUMBER			ES T	NO []
Female	Negro	7. MARRIED	NEVER MARRIED	8. DATE OF BIR	ин	9. AGE (In year lost birthday)	ors I	f Under 1 Ye. Aonths Days	Hours Min.
done during most of w	vorking life, even if retired)	IUE KIND O	F BUSINESS OR INDUSTRY	N. Car	colina			USA	OF WHAT COUNTI
13. FATHER'S NAM	AE ?			14. MOTHER'S	MAIDEN N	AME			
5, Was Deceased Yes, no of unknown)	Ever in U. S. Armed Ford Uf yes, give wor or date:	s of service)	16. SOCIAL SECURITY NO. 219-12-2474	BCH REC		4940 Ea	stern		RESS
DISEASES OF THE UNDERLYING	asthenia, etc. It means plication which caused where the cause of the	death.) any, giving staling the	(B) W	CONSEQUENCE VIVIONI A CONSEQUENCE TWO TWO TO THE CONSEQUENCE TO THE CONSEQUENCE TH	17 M7	disea	32		***************************************
TO THE DEATH	BUT NOT RELATED TO THE CONDITION GIVEN IN PARTION 198 CONDITION WAS PERF	TE TERMINAL T (A). DITION FOR	WHICH OPERATION	20A-AUTOPS	SY? (Yes or)	No. 20B IF YES	WERE FINING CAUSE	DINGS CON	SIDERED
OR CONTRIBUT	T WAS UNDERLYING TING CAUSE OF medical examined	21 B horn etc.	PLACE OF INJURY (e.g., in te, form, foctory, street, of	or obout 21 C. W	HERE DID	(If to E	Boltimore C	ity, give exoc	it location)
21D. TIME OF INJURY IAPPROX.)	(Month) [Day] [Yeor)		INJURY OCCURRED Not While the At Work		OW DID IN	TO COURT	< I	121	7-
ond hour and	TAMEN	d allve on_) (Ma) (did) (dib-qo1) v	lew the body a	led.	Staff	23	E DUT 9G	curred on the do
23C. PHYSICIAN NAME (Ty	Ronald Inn			Colt !	Baltim 1940 E	astern Av	Hospi Prue land,	· m	(Stote)
25A. DATE REC'D	MAY 26 1972		of REGISTRAR E. Jaba M.D.	25C. FUNERA	AL DIRECTO	Cock &	1300	ch. Ch.	DORESS PLANS

A12-20-24/2 ,

D.O.A.

MOS

shows:

deceased written ap

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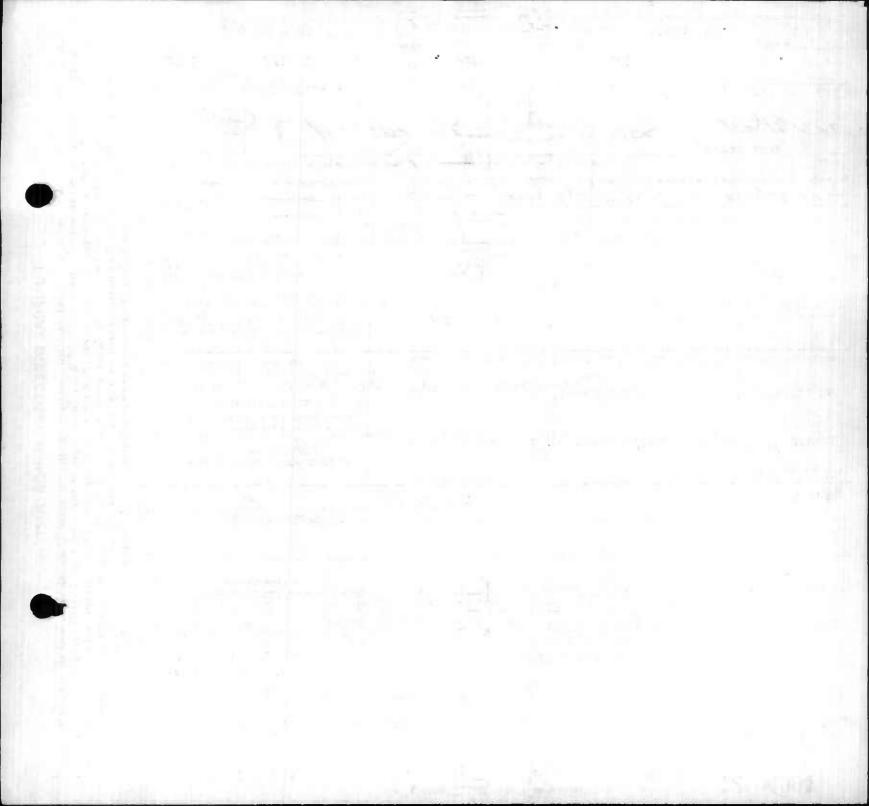
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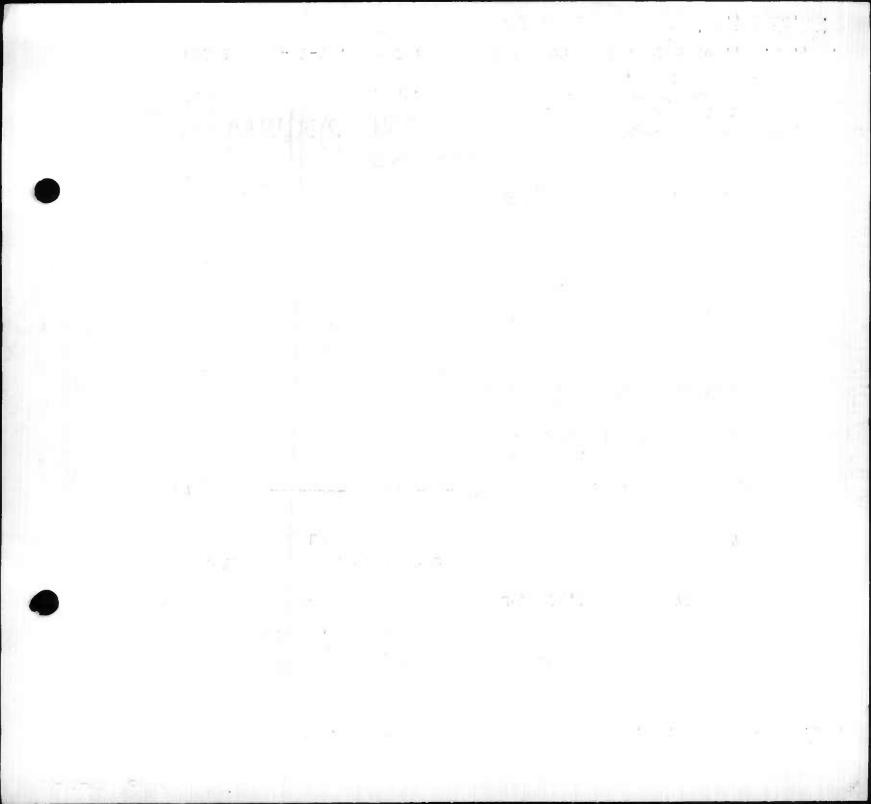


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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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	BIRTH NO.	2 04995)	CERTIFICA	TE OF DEATH	REG. NO	72 04995
- []	1. NAME OF DECEASED				2. DATE	AND HOUR OF DEATH	55
	3. PLACE IN BALTIMOR	= dward	Malin	THE PARTY OF THE P	LINOSKI	5-26-72	8 AIM
					A. STATE B. CO	OUNTY	stitution: residence before admission
	FULL NAME OF (III HOSPITAL OR A	F NOT IN HOSPITA DDRESS OR LOCAT	L OR INSTITUTION	ON, GIVE STREET	C. CITY OR TOWN	(100
	Bon Secou	rs Hos	oitaL	6-2-72	Baltiman	D. INSI	DE CITY LIMITS? YES NO NO NO NO NO NO NO N
	CERT	TITO	F. AN	APAIDED.	E. STREET AND NUMBE	R	1.5 (2)
	5. SEX 6. RAC		TALL TALL	ILNULL	1645 5, 3	Decker 1	que,#21224,
	male.	16160	· MARRIED	NEVER MARRIED M	B. DATE OF BIRTH	9. AGE (In years last birthday)	Il Under 1 Yr. Il Under 24 Hrs. Manths Days Hours Min.
		N (Give kind of work)		SINESS OR INDUSTRY	11. EIRTHPLACE ISTOLE OF BALTIMOR	(queign country)	12. CITIZEN OF WHAT COUNTRY
	done during most of working	lile, even if retired)	Both le be	asteel Con	BALTIMOR	Flord	
	13. FATHER'S NAME	C.	Dei III CAINI	131 000 001	14. MOTHER'S MAIDEN	NAME	U.SA.
	Jos enh	mali	naWSK	()	mary	Malozen	eki
	15. Was Deceased Ever in (Yes, no ar unknown) (If yes	U. S. Armed Force, give war or dates	of service)	SOCIAL SECURITY NO.	17. INFORMANT	595	DARIEN RO.
	un Non	-	- 21	5-01-1343	HELEN K, WI	EY BALTO	JIZAL UD
	18, /50 X	1		CAUSE OF DEATH	Company	120 100 37	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		CONDITION DIRE	CTLY		0.	The state of the	Ellera
	(This does not med heart loiture, astheri	n the made of d	lying, e.g.,	(A) IMMEDIATE CAUS DUE TO, OR AS A	CONSEQUENCE OF:	. weare fails	me & mad
	injury or camplication	n which caused d	eoth.)		- CA acrap		
		EDENT CAUSES		(8)		ino on.	
	DISEASES OR CO	e cause (A) s	ly, giving Holing the	DUE TO, OR AS A	CONSEQUENCE OF:		
	UNDERLYING CON	DITION lost.		(c)		***************************************	
	OTHER SIGNIFICANT	ONDITIONS CONT	TRIBUTING				
I	OTHER SIGNIFICANT OF TO THE DEATH BUT IN DISEASE OR CONDITION	ON GIVEN IN PART	I (A).	***************************************	*******************		
	19A. DATE OF OFERA	WAS PERFO			20A. AUTOPSY? (Yes or	No. 208 IF YES WERE F	INDINGS CONSIDERED
	OR CONTRIBUTING	UNDERLYING	oesopha 21B.FLA	CE OF INJURY (e.g., (n.	or about 21C. WHERE DID	(If In Boltimare	City, give exact location)
	DEATH (notify medico	exominer)	etc.)	orm, factory, street, offi	ce bldg. INJURY OCCUR	*	
		l (Doyl (Yeorl		URY OCCURRED	21F. HOW DID	INJURY OCCUR?	
	(APPROX.)	-	While A Work	Not While			
						1972 to m	ay 26 19 R
				nay 26		that in (my) (aur) apin	lan death occurred an the date
I	and hour and from	he causes stated	d abave. (1) (W	e) (did) (did not) vi	ew the bady after deat	h	
I		your.		m D Attend	ding Med.		23B. DATE SIGNED
	23C. PHYSICIAN'S			DEGREE Phys.	D. ADDRESS	Staff Phys.	5/26/2
	NAME (Type)	ARVORAN	EE	D. D.	BON	SECOURS H	105P1TAL
	24A. BURIAL CREMATION REMOVAL (Specily)	I, 24B, DATE	24C.NAME	of CEMETERY OF CREA	AATORY 24D		, town, or countyl (Stote)
	BURIAL	5-30-7	2 ST.S	TANISLAUS	CEM. KS	15 BOSTON A	VE. BALTO, XY, MI
	SA. DATE REC'D BY HE		B. NAME OF RI	EGISTRAR &	250. SUNERAL DIRECT		S. CONKLING ST.
IF	MAY 150-REV. 1/1/68	26 1972	30 B E.	Jabes MD	rogarces o,	giver BAL	TO, 21224, MO.

	curred in a hospital and ributing cause of death inned cause; (5) Deceased rular attendance on the ed prior to death. Such nade.
	death octoort or contoort or c
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are embalmed or final disposition is made.
	This certificate must be apprate body was released to the shows: (1) An accident of any was D.O.A. at a hospital (ex deceased prior to death); ar written approval must be ob

ca	L-230 70 0100C				BALTIMORE CITY	HEALTH DEPARTMENT		0.00 m	4000
	ILC 770 MO ONUUC					TE OF DEATH	REG. No	72 (14996
	1.NAM (Type of	E OF DECE	Kenneth H			2. DATE AND May 2	HOUR OF DEATH		8:30 p.
	3. PLA	CE IN BALTI	MORE, MARYLAND, W	HERE PRONO	JNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. Il ins	titution; residence	
	FULL N HOSPIT	NAME OF			JTION, GIVE STREET	Maryland		DE CITY LIMITS?	607
	-	3.1	Baltimore			Baltimore		YES VOX	по П
.	-		4940 Easte		_	E. STREET AND NUMBER			
9	5. SEX	- IA	Baltimore,			4605 Eastern A		!	
E	Male		Caucasian	WIDOWED	NEVER MARRIED DIVORCED DIVORCED	June 14.1900°		Months Doys	If Under 24 Hrs. Hours j Min.
	done dur	ing most of wo	ATION (Give kind of work rking life, even it retired)	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or loreign	countryl		WHAT COUNTRY?
i i	12		ired	Iron	Worker	Virginia		USA	
disposition		HER'S NAME	Thomas Lo	_		14. MOTHER'S MAIDEN HAMI	Elvira	?	
- 11	15. Was (Yes, no c	Deceased Every or unknown! (1	er in U.S. Anned Fore f yes, give wor ar dote:	ces? s of servicel	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDR	ESS
fin	N	lo			336-07-0629	BCH RECORDS: 49	40 Eastern	Avenue 2	1224
balmed or	18.	LE is does not	OR CONDITION DIR ADING TO DEATH meon the mode of thenia, etc. It means	dving. e.g.	(A) IMMEDIATE CAU	1/1/1/201 - 10/	lob Mius		OXIMATE INTERVAL I ONSET AND DEATH
are em	DIS rise	AN EASES OR To the	TECEDENT CAUSES CONDITIONS, il cabave cause (A) CONDITION last.	any, giving		ASUS ANTENUS A CONSEQUENCE OF:	selenoneH	EMP D.	***************************************
e remains	A DISE	THE DEATH I	ANT CONDITIONS CONDITI	E TERMINAL	Chronic		Brown D) _S	00 000000000000000000000000000000000000
e the			PERATION 198. CONE WAS PERF	ORMED	HICH OPERATION	20 A. AUTOPSY? (Yes or No)	208, IF YES, WERE FIN IN CERTIFYING CAUS	NDINOS CONSI	DERED
before	O DEV	ACCIDENT CONTRIBUTION TH (notify ma	WAS UNDERLYINO NO CAUSE OF edicol exomined	21 B, I hame etc.l	PLACE OF INJURY (e.g., in , form, foctory, street, affi	or obout 21 C. WHERE DID ce bidg. INJURY OCCUR?	(If in Boltimare	City, give exoct l	ocotion)
ained	S OF I	TIME (A	Nonthi (Doy) IYeari		INJURY OCCURRED Not While At Work	21F. HOW DID INJUR	Y O C CUR?	1	
pe opt	that	(We) 10	at (H) (this hospital) st saw the deceased	dilye on	5/24	19 72 and that	In (my) (aur) apfinio	2f on death accu	1972 rred on the date
must	23A.	SIGNATUR	mensel	od abave.	(Www) (dld) (did not) vl	ding Med. Sto	2	38. DATE SIGNE	
approval	23C.	PHYSICIAN'S	Ronald Inne	rfield,	M.D. 23	D. ADDRESS Baltimore	ern Avenue	tals	
	Z4A. BUR REA	RIAL CREMA	TION, 248. DATE	24C.NA	ME of CEMETERY OF CREA	MATORY BOILED POE	MoNarykand.	towns to County	(Stote)
written		Burial	5-27-7	2. Mor	eland Memor		Taylor Au		
3					Jabes M.D.	25C. FUNERAL DIRECTOR.	ler 901 S. Balt	Conking	24 Md
1F	/S 150-R	EV. 1/1/68	11 4 4 13/6			The state of the s	Dall	1002777	24 g m () 6



1	1 2/	2		BALTIMORE CITY	HEALTH DEPARTMENT	74.7	4000
Deget.	1 -26. BIRTH NO.	³ 72 04997	7	CERTIFICA	TE OF DEATH	REG. NO. 72 (14997
of deatl of deatl Decease e on th	1. NAME OF (Type or Print)		RED P	DECKRET	2. DATE AND HOU	24, 1972	2:30 P.M.
- 00		BALTIMORE MARYLAND, W			A. STATE B. COUNTY		dence before admission)
se; se; to	FULL NAME HOSPITAL OF INSTITUTION	of (IF NOT IN HOSPIT ADDRESS OR LOCA	e Way	TION, GIVE STREET	C.CITY OR TOWN Baltimore D. INSIDE CITY LIMITS? YES X NO		
d in cau	00	Balto., 21	224, M	d.	E. STREET AND NUMBER 6212 Capore Way # 21224.		
tribu mine gula sed mad	5. SEX Male	6. RACE White	7- MARRIED WIDOWED	NEVER MARRIED DIVORCED	B. DATE OF BIRTH 9. AGE lost birth 12-23-00	(In years If Under 1 Manths Do	Yr. II Under 24 Hrs. ays Haurs Min.
con deter in re ecea on is	done during ma	occupation (Give kind of work staf working lile, even if retired) Retired	10B, KIND OF		11. BIRTHPLACE (State or foreign count Baltimore		U.S.A.
if decret or (4) Unc was the d	13. FATHER'S			Dad worker	14. MOTHER'S MAIDEN NAME Mary R.		
tant ind; (4 nd; (4 on t	IS. Was Dece	osed Ever in U. S. Armed For		1 6. SOCIAL SECURITY NO.	17. INFORMANT		opasinia Ave.
th th ki ki d d d fin	Yes	W.W		216-16-4777 CAUSE OF DEATH	2		APPROXIMATE INTERVAL
his of an or and tend	7	SEASE OR CONDITION DIE LEADING TO DEATH	RECTLY		Chanic Obstruction	BET	WEEN ONSET AND DEATH Many YEATS
er. Als cture o pronou ar att balme	heart fail	es not mean the mode of uie, asthenia, etc. It means complication which caused	the disease,	DUE TO, OR AS	A CONSEQUENCE OF:		
A franche property of the the the the the the the the the the		ANTECEDENT CAUSES		(B) Conse	stive Heart Far	ilure	Many Years
exe (3) an v in	rise lo	S OR CONDITIONS, if the obove couse (A) YING CONDITION last.		(C)			f
edical burns; hysicis n was		II SNIFICANT CONDITIONS CO DEATH BUT NOT RELATED TO TO					
by a mee by a mee 2) Body bu e the phy physician ore the re		OR CONDITION GIVEN IN PAR E OF OPERATION 198. CON WAS PER	DITION FOR W	HICH OPERATION	20 A. AUTOPSY? (Yes ar No) 20 B. I	IF YES, WERE FINDINGS CO	ONSIDERED ATH?
tal by (2) E here t do phy before	OR CONT	CIDENT WAS UNDERLYING CRIBUTING CAUSE OF	21 B. home etc.)	PLACE OF INJURY (e.g., i e, farm, loctory, street, of	n or obout 21C. WHERE DID	(If in Baltimare City, give e	exact lacation)
ed by nospi ature pt w (6) P	21D. TIME OF INJUR	RY ,	Whit	INJURY OCCURRED Not While At Work	21F. HOW DID INJURY OC	CCUR?	
the the any and obt		tify that (I) (this haspite)		e deceosed from	9/27 197	1 10 5/24	
007-	and house				iew the bady ofter death.		
must be eleased ccident a hospit to deat	23A. 51GN	Kusell	26	Atte Phys	nding Med. Staff Phys.	23 B. DATE	SIGNED
9 - 0 - 0 0	23C. PHYS	Russell	Harr	S, MD DEGREE	6232 East	ern Aue Bol	timore, Md.
4	24A. BURIAL REMOV	CREMATION, 248. DATE	24C. NA	ME of CEMETERY OF CRE	MATORY 24D. LOCATIO	N (City, town, at	caunty) (State)
		rial 5-27-	72 Ho	ly Redeemer	125C FUNEDAL DIRPCTOD	Belair Rd., Ba	ADDRESS
This the I show was dece	VS 150-REV.	MAY 26 1972	7.2.0	E Jalo, MA	Marley of Losles	224 Eastern Balto,,21224	Ave.

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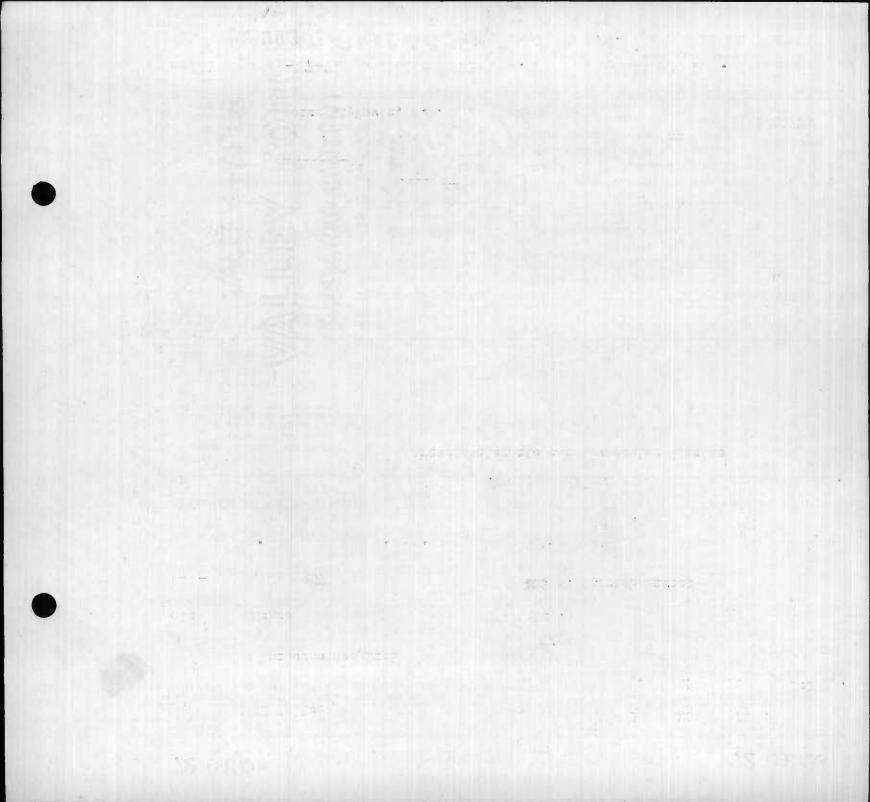
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BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH

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BIRTH NO.								REG. NO		
I. NAME OF DECE	ASED				2. DATE	Known 252	Month	Doy	Year	Hour
(Type or Print)		OF DEATH	Estimoted	5	23	72				
4. PLACE IN BALTI	Todd Waller MORE, MARYLAND, V		ONOUNCED DEAD		3. DATE		Month	Doy	Yeor	Hour
FULL NAME OF HOSPITAL OR INSTITUTION			NCED DEAD	5	23	72	5:30			
Lutheran Hospital					A. STATE	SIDENCE (Where		B. COUNTY	on: residence	600
6. SEX 7	. RACE	8. MADDI	ED NEVER MARE	DIED [2]	C. CITY OR			D. INSIDE	CITY LIMITS?	-
male	CED 🔲	Bal		ti Lili		YES 🛣	NO 🗆			
9. DATE OF BIRTH	10. AGE (I lost birthdo		If Under 1 Yr. If Under Months , Doys , Hours	s Min.		ND NUMBER N. Pari	rish St	reet		
1 / 2 / 2	ate or foreign country)	1	2. CITIZEN OF		13. FATHER'S		20			
14A.USUAL OCCUPA done during most of wo	Va ATION (Give kind of work rking life, even if retired)	14B. KIND	OF BUSINESS OR IN	NDUSTRY	15. MOTHER	S MAILE	WE			
LA MAS DECEASED	DEVER IN U.S. ARMEI	EOBCES!	17. SOCIAL		18. INFORM	ANIT			ADDRESS	
(Yes, no or unknown)(I	f yes, give wor or dotes	of service)	SECURITY	NO.						
						l Waller	-nep	hew 1	103 G:	ilmor St
19.	241			OF DEAT					BETV	PPROXIMATE INTERVA YEEN ONSET AND DE
	OR CONDITION DIRE	CTLY				cardiova	scular	disea	se	
(This does not	meon the mode of dy	e diseose,		TO, OR A	S A CONSEQU	JENCE OF:				
injury or comp	lication which coused de	oth.)								
ANI	ECEDENT CAUSES		(8)							
DISEASES OF	CONDITIONS, IF AN	Y, GIVING	DUE	TO, OR A	S A CONSEQ	UENCE OF:				
UNDERLYING	ABOVE CAUSE (A) STA G CONDITION LAST.	IING IHE	(-)							
8			(c)							
O TO THE DEAT	II FICANT CONDITIONS C TH BUT NOT RELATED TO	THE TERMI								
DISEASE OR C	ONDITION GIVEN IN P		OR WILLOW ODER A	TIONI WA	C DEDECTAL				In Allre	ODEVO /Ver or No
WIZUM. DATE OF	OPERATION 20B. CO	MUIIIUM	OR WHICH OPERA	IION WA	S PERFORM	בט			ZI. AUTO	OPSY? (Yes or No
										no
	AL CAUSE WAS OR CONTRIB- SE OF DEATH		228. PLACE OF INJU nome, form, foctory, st	JRY (e.g., i treet, office	bldg., etc.) IN	JURY OCCUR?	(If in Boltimo	re City, give e	xoct locotion)	
≥ 22D. TIME (N		r) (Hour	22E.INJURY OCC	CURRED	22	F. HOW DID IN	JURY OCCI	JR?		
OF INJURY (APPROX.)			m. WHILE AT WORK	NOT V	WHILE CORK					
23.	y that I held on	Inquiry [Inspection	Ck A	nnev 🗍	ond that on t	hie hoeie	death in m	v eninien	
	d from: Notural cou			Suicide				ned monner		
	77	//	- 17/1			HIEF MEDICAL I			_	DATE SIGNED
ACTUAL SIGNATUR	RE XI	R	ruce	M.D.	ASSIS	TANT MEDICAL	EXAMINER	XX		
EXAMINER NAME (Ty	R'S Peter	Lipk	ovic, M.D.	0	ASSO	CIATE MEDICAL I	EXAMINER			5/24/72
24A. BURIAL CREMA REMOVAL (Specify			24C. NAME of CE	METERY o	r CREMATO		LOCATION		wn, or county	(Stote)
Burial 25A. DATE REC'D B	5-27- Y HEALTH DEPT.	72 258 N	Cedar H		Cem.	UNERAL DIRECT		ore, M		
	MAY 26 1972		BE, Jabe			Lson F.H				Street
VS 151-REV. 1/1/68		1	7 2 0	17 6	7 57	0 0 3				1



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a hospital death)

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D.O.A.

Was

deceased prior to

written approval

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of death Deceased

a hospital

Such

death.

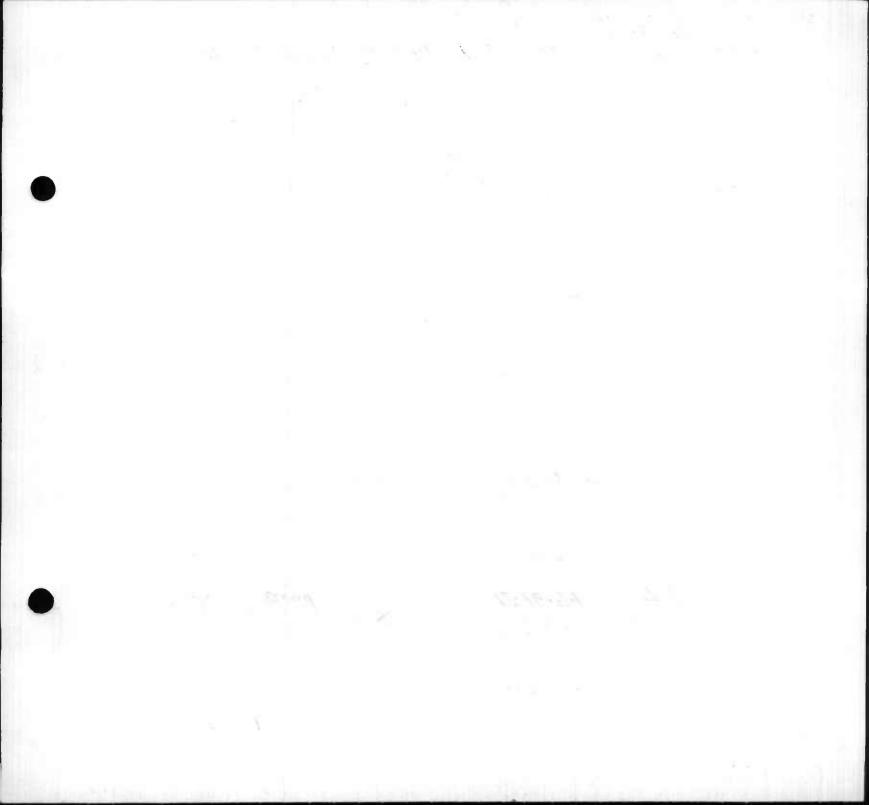
prior

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attendance

BALTIMORE CITY HEALTH DEPARTMENT 72 04999 CERTIFICATE OF DEATH REG. NO. BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 5 2 3 3. PLACE IN BALTIMORE, MARYLAND, WHERE FRONOUNCED DEAD USUAL RESIDENCE (Where deceased lived. If institution: residence B. COUNTY (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) /ARYLANG FULL NAME OF HOSPITAL OR C. CITY OR TOWN LUTHERAN OF MARY/AND INC D. INSIDE CITY LIMITS? YES X No [730 ASh bURTON, ST. made. 5. SEX 6. RACE 9. AGE (In yours MARRIED NEVER MARRIED if Under 1 Yr. It Under 24 Hrs. Months! Doys Hours Min. 86Roid WIDOWED DIVORCED or final disposition is 10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Sigle of foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) RETIRED 13. FATHER'S NAME 24.5, A 14. MOTHER'S MAIDEN NAME 15. Wes Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 6. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. 05.549 CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF hearl failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES N JUM MUNIA DUE TO, OR AS A CONSEQUENCE OF: are DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION lost obtained before the remains CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Xas or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21& FLACE OF INJURY (e.g., in or obout 21C, WHERE DID home, lorm, loctory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If In Bolilmore City, give exact location) MEDICAL DEATH (notify medical examined 21 D. TIME OF INJURY (Month) (Doy) (Year) (Hour 21 E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? Not While While At (APPROX.) Work 22. I certify that ATAthis haspital) attended the deceased from 5/16 pe that (W) (we) last saw the deceased alive an and that in (mat (aur) apinion death accurred on the date must

and haur and fram the causes stated above. (We) (did) (did not) view the bady after death. 23A. SIGNATURE 23 B. DATE SIGNED Attending Med. Director ___ Phys. 23 C. PHYSICIAN'S 23D. ADDRESS NAME (Type) DEGREE 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stole) DURIA 5-2 25A. DATE REC'D BY HEALTH DEPT. ADDRESS Robert E. Farber



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such written approval must be obtained before the remains are embalmed or final disposition is made.

h1 1110	BALTIMORE CIT	Y HEALTH DEPARTMENT	72 05000
BIRTH NO. 72 05000	CERTIFICA	TE OF DEATH REG. NO.	12 00000
BIRTH NO. / C U J U U U	,	2. DATE AND HOUR OF DEA	TH.
Type or Print Miller	Hazel	5/20/72 1:	35 1 P
B. PLACE IN BALTIMORE, MARYLAND,		14. USUAL RESIDENCE (Where deceased lived,)	l institution residence before admission)
		A. STATE B. COUNTY	712
HOSPITAL OR ADDRESS OR LO	TTAL OR INSTITUTION, GIVE STREET CATION)	MARYLAND C. CITY OR TOWN 10. II	NSIDE CITY LIMITS?
NSTITUTION		BALTIMORE	YES NO
THE JOHNS HOPKINS		E, STREET AND NUMBER	120 110
BALTIMORE, MD 2120	15	721 N. LAKEWOOD AVE	
SEX 6. RACE	7- MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In years lost birthdoy) 12-29-06 65	If Under 1 Yr. If Under 24 Hrs. Months Days Haurs Min.
	ork 108, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State of foreign country)	12. CITIZEN OF WHAT COUNTRY
one during most of working life, even if retired housewife		N T	
3. FATHER'S NAME	at home	New Jersey	
		IN MOTHER'S MAJOER NAME	
MAYHEW RAINE		BERTHA AYRES	
S. Was Deceased Ever in U. S. Armed I (es, no or unknown) (iif yes, give war or d	orces?	17- INFORMANT	ADDRESS
no	212-74-0144	Levin Miller (husban	d) same as above
118.	CAUSE OF DEA		APPROXIMATE INTERVAL
ANTECEDENT CAUS DISEASES OR CONDITIONS, III itse to the above cause (A UNDERLYING CONDITION last, OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO UDISEASE OR CONDITION GIVEN IN P	(c) Due TO, OR A CONTRIBUTING THE TERMINAL	s a consequence of:	ra (gling)
19A. DATE OF OPERATION 19% CO		20A AUTOPSY3 (Yes of No.) 20B, IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	21R. PLACE OF INJURY (e.g., home, farm, factory, street, etc.)		more City, give exact location)
21D-TIME (Month) (Doy) (Yes	il (Hour 215 INJURY OCCURRED	216 HOW DID INJURY OCCUR?	
APPROXI	While At Not Wit		
			5/20 1972
	tal) attended the deceased from		
that (I) (we) last saw the decea		19 22 and that 16 (my) (our)	opinion death occurred on the date
and hour and from the couses s	toted obave. (i) (We) (did) (did not)	view the body after death.	
23A. SIGNATURE	0		23 B. DATE SIGNED
Jumes no In		tending Med. Staff Phys. Director Phys.	5/20/72
23C. PHYSICIAN'S	DEGREE "	23D. ADDRESS	
JAMES N.	INGLE M.D.	THE JOHNS HOPKINS HOSE	PITAL
24A. BURIAL CREMATION, 248, DATE	24C, NAME of CEMETERT of C	3	(City, town, or county) (State)
REMOVAL (Specify)	,		10.000
Buria; 5/2			
25A, DATE REC'D BY HEALTH DEPT.	25B, NAME OF REGISTRAR	Schimunek Funeral Ho	mes, Inc. 3337 Brehms
MAY 26 1977	? Rebert E. Jabon, M.D.	0 0 0 0	20 20 20 20 20 20 20 20 20 20 20 20 20 2
VS 150-REV. 1/1/68) O + + Q 1001	e, Barto. Ma. 21215

